

Patient Confidentiality Reminder

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. As you continue your ongoing treatment with us, we would like to take a moment to remind you of our commitment to maintaining your confidentiality and ensuring that your personal health information is protected.

Your health records, treatment details, and any other personal information you share with us are strictly confidential. We have implemented all necessary measures to safeguard your information and comply with applicable privacy regulations.

Should you have any questions or concerns regarding your confidentiality rights or how your information is used within our practice, please do not hesitate to contact us.

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Practice Name]

[Contact Information]