

Medical Records Protection Policy

Date: _____

To: [Recipient Name]

Address: [Recipient Address]

Dear [Recipient Name],

We are committed to maintaining the confidentiality and security of your medical records. This letter outlines our policy regarding the protection of your personal health information.

Policy Overview

Our organization adheres to all applicable laws and regulations concerning the protection of medical records, including the Health Insurance Portability and Accountability Act (HIPAA). We ensure that your information is:

- Accessed only by authorized personnel.
- Stored securely in our electronic and physical systems.
- Shared only with your consent or as required by law.

Your Rights

You have the right to:

- Request access to your medical records.
- Request amendments to your records if you find inaccuracies.
- Be informed about how your information is used and shared.

Contact Information

If you have any questions regarding our medical records protection policy, please contact us at:

Email: [Email Address]

Phone: [Phone Number]

Thank you for trusting us with your health information.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]