

Patient Rights Regarding Privacy

Date: _____

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I am writing to express my understanding of my rights as a patient regarding the privacy of my medical information. I would like to reaffirm the following rights:

- The right to confidentiality and privacy concerning my medical records.
- The right to access my medical records and request corrections if necessary.
- The right to be informed about how my personal health information is used and shared.
- The right to give or revoke consent for the sharing of my medical information.
- The right to file a complaint if I feel my privacy rights have been violated.

I appreciate your compliance with these rights and your commitment to maintaining the confidentiality of my health information.

Thank you for your attention to this important matter. I look forward to your acknowledgment of my rights.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]