

Patient Privacy Agreement

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

Welcome to [Hospital Name]. We are committed to protecting your privacy and ensuring the confidentiality of your personal health information. This Patient Privacy Agreement outlines your rights and our responsibilities regarding your medical information.

1. Purpose of Information Collection

Your personal health information will be collected for the purpose of providing you with necessary medical care and treatment.

2. Confidentiality

We will ensure that your information is kept confidential and only shared with authorized personnel involved in your care.

3. Rights

You have the right to access your health records, request corrections, and obtain a detailed account of any disclosures of your information.

4. Consent

By signing this agreement, you give consent for [Hospital Name] to collect, use, and disclose your personal health information as described above.

Patient Acknowledgment

I acknowledge that I have received and understood the contents of this Patient Privacy Agreement.

Signature: _____

Date: _____

If you have any questions, please do not hesitate to contact our privacy officer at [Contact Information].

Thank you for choosing [Hospital Name].