

Patient Privacy Agreement

Date: [Insert Date]

Dear [Patient's Name],

We appreciate your willingness to participate in our research study titled "[Insert Study Title]." Your privacy is of utmost importance to us. This letter outlines how your personal health information will be handled during the research process.

1. Purpose of Research

The purpose of this study is to [insert brief explanation of the study].

2. Information Collection

We will collect the following information from you during this study: [list types of information].

3. Confidentiality

Your personal data will be kept confidential and will only be used for research purposes. Your identity will not be disclosed in any publications or reports resulting from this study.

4. Your Rights

You have the right to withdraw from the study at any time without any impact on your medical care.

5. Contact Information

If you have any questions or concerns regarding this agreement or your participation, please contact [Insert Contact Information].

By signing below, you consent to participate in this study and agree to the terms outlined above.

[Patient's Name]

Signature

Date

Thank you for your participation!

Sincerely,

[Researcher's Name]

[Research Institution]