

Patients' Rights and Responsibilities Feedback Request

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. At [Healthcare Facility Name], we are committed to providing our patients with high-quality care while respecting their rights and responsibilities.

To continually improve our services, we would greatly appreciate your feedback regarding our Patients' Rights and Responsibilities information. Your insights will help us better serve you and our community.

Feedback Areas:

- Clarity of Patients' Rights and Responsibilities
- Your understanding of how to voice concerns
- Overall satisfaction with your patient experience

Please feel free to share any additional comments or suggestions you may have.

Thank you for your time and input. Your feedback is invaluable to us!

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]