

Client Confidentiality Agreement

Date: [Insert Date]

Provider Name: [Insert Provider Name]

Provider Address: [Insert Provider Address]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Dear [Client Name],

This Confidentiality Agreement (the "Agreement") is made between [Insert Provider Name] and you, the undersigned client, to ensure that all sensitive information shared during the course of healthcare services remains confidential.

1. Confidential Information

Confidential Information includes all personal health information, medical records, and any other information disclosed during your treatment.

2. Obligations of the Healthcare Provider

The Provider agrees to:

- Maintain the confidentiality of your medical information.
- Only disclose your information with your consent or as required by law.

3. Client Acknowledgment

By signing this Agreement, you acknowledge that you understand the terms and conditions outlined herein.

4. Signatures

Provider's Signature: _____

Client's Signature: _____

Thank you for your trust in our services.

Sincerely,

[Insert Provider Name]