

# Patient Confidentiality Agreement

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Dear [Patient's Name],

At [Dental Practice Name], we prioritize your privacy and confidentiality. This agreement outlines our commitment to safeguarding your personal health information in compliance with applicable laws and regulations.

## Confidentiality Commitment

We will not disclose your personal health information to any third parties without your prior written consent, except as required by law. We implement various security measures to protect your information.

## Patient Rights

You have the right to access your personal health information and request corrections if necessary. You may also choose to share your information with others or restrict certain disclosures.

## Agreement Acknowledgment

By signing this agreement, you acknowledge that you have read, understood, and agree to the terms of this patient confidentiality agreement.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for choosing [Dental Practice Name]. Your trust is our priority.

Sincerely,  
[Dental Practice Name]