

Patient Confidentiality Agreement

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Healthcare Provider: [Insert Provider Name]

Dear [Patient Name],

This letter serves as a formal agreement to ensure the confidentiality of your medical information and personal details as mandated by the Health Insurance Portability and Accountability Act (HIPAA) and other relevant regulations.

Confidentiality Commitment

We, [Healthcare Provider Name], commit to safeguarding your personal health information and will not disclose any details without your explicit consent unless required by law or in situations where your safety or the safety of others is at risk.

Your Rights

You have the right to:

- Access your health records.
- Request corrections to your health information.
- Obtain a copy of this confidentiality agreement.

Agreement Acknowledgment

By signing below, you acknowledge that you have read and understood this confidentiality agreement and consent to the terms herein.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Thank you for choosing [Healthcare Provider Name]. Your trust is our priority.

Sincerely,
[Healthcare Provider Name]