

Patient Confidentiality Agreement for Wellness Programs

Date: _____

To: [Patient's Name] Address: [Patient's Address] Phone: [Patient's Phone Number]

Dear [Patient's Name],

This letter serves as a formal agreement regarding the confidentiality of your personal health information in relation to your participation in our wellness program.

1. Purpose

The purpose of this agreement is to ensure that all personal health information shared during the wellness program remains confidential and secure.

2. Confidential Information

Confidential information includes, but is not limited to, your medical history, assessments, treatment plans, and any other personal data shared during the program.

3. Obligations

We agree to:

- Keep your personal health information confidential.
- Limit access to your information to authorized personnel only.
- Use your information solely for the purpose of providing wellness services.

4. Patient Rights

You have the right to:

- Request access to your personal health information.
- Request corrections to any inaccuracies in your data.
- Withdraw from the program at any time.

5. Agreement

By signing below, you acknowledge that you have read and understood this confidentiality agreement and agree to its terms.

[Patient's Signature]

[Provider's Signature]

[Date]

Thank you for choosing us for your wellness journey!

Sincerely,

[Your Name]

[Your Title]

[Wellness Program Name]

[Contact Information]