

Patient Liaison Communication Letter

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this message finds you well. As your designated patient liaison, I am here to assist you with any questions or concerns regarding your healthcare journey.

Details of Communication:

- **Purpose:** [Specify the purpose of communication]
- **Contact Method:** [Specify preferred contact method]
- **Response Time:** [Specify expected response timeframe]

If you need immediate assistance, please feel free to reach out directly at [Liaison's Phone Number] or [Liaison's Email Address].

Thank you for entrusting us with your care. We look forward to supporting you.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]