Date: [Date]

VIA: [Certified Mail / Email / Hand Delivery]

FROM:
[Your Name]
[Your Address]
[Your Phone Number]

TO:
[Recipient Name]
[Recipient Address/Organization]

RE: CEASE AND DESIST - UNLAWFUL DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

To [Recipient Name],

It has come to my attention that you have disclosed, shared, or otherwise published private and confidential medical facts regarding my health to third parties without my authorization. Specifically, on [Date], you disclosed the following information: [Describe specific medical information disclosed]. This information was shared with: [Name of individuals or platform where shared].

The public disclosure of private facts, particularly sensitive medical information, is a violation of my right to privacy and may constitute a breach of [State/Country] privacy laws and/or professional confidentiality regulations. These actions have caused, and continue to cause, significant personal distress and damage to my reputation.

I HEREBY DEMAND THAT YOU:

- Immediately cease and desist from any further disclosure, discussion, or dissemination of my private medical information.
- Remove and delete any digital or physical posts, documents, or messages containing this information from all platforms under your control.
- Provide written confirmation by [Date] that you have complied with these demands and will refrain from future disclosures.

This letter serves as a formal notice to stop these illegal activities. If you fail to comply with this demand by the date specified above, I am prepared to pursue all available legal remedies, including seeking injunctive relief and monetary damages for the invasion of privacy and emotional distress caused by your actions.

Please govern yourself accordingly.

Sincerely,

[Your Signature]

[Your Printed Name]