[Health Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Confidential Health Screening Results

Dear [Patient Name],

We are writing to provide you with the results of your recent sexually transmitted disease (STD) screening conducted on [Date of Testing].

Test Results:

- Chlamydia: [Negative/Positive]
- Gonorrhea: [Negative/Positive]
- Syphilis: [Negative/Positive]
- HIV: [Negative/Positive]
- [Other Test]: [Result]

Next Steps:

[If all results are negative]:
All results from your recent screening are negative. This means that at the time of the test, no infections were detected. We recommend regular screenings based on your health history and activity.

[If any result is positive]:
One or more of your results requires medical follow-up and treatment. Please contact our office at [Phone Number] or schedule an appointment via our patient portal as soon as possible to discuss your results and start the necessary treatment. Most infections are easily curable with medication.

Please remember that these results are confidential. If you have any questions regarding these findings, please do not hesitate to contact us.

Sincerely,

[Provider Name/Signature]
[Title/Health Clinic Name]