[Date]

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

Dear [Patient Name],

Subject: Notice of Privacy Practices and Confidentiality

At [Practice/Hospital Name], we are committed to protecting your personal health information. This letter outlines our policies regarding the privacy and confidentiality of your medical records and personal data.

Use of Information:
Your health information is used solely for the purposes of providing treatment, obtaining payment for services, and conducting healthcare operations. We do not disclose your information to third parties without your written consent, except as required by law.

Your Rights:
As a patient, you have the right to:

- Inspect and copy your medical records.
- Request an amendment to your records if you believe the information is incorrect.
- Request a restriction on how we use or disclose your health information.
- Receive an accounting of certain disclosures of your information.

Our Safeguards:
We maintain physical, electronic, and procedural safeguards to protect your data. All staff members are trained on privacy protocols and are legally bound to maintain patient confidentiality.

If you have any questions regarding your privacy rights or our practices, please contact our Privacy Officer at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Practice/Hospital Name]