Date: [Insert Date]

To: [Patient Name]
Address: [Patient Address]
Patient ID: [Insert ID Number]

Subject: NOTICE OF CLINIC POLICY VIOLATION - UNAUTHORIZED RECORDING

Dear [Patient Name],

This letter serves as a formal notification regarding a violation of [Clinic Name] policy that occurred on [Date of Incident] at [Time].

It was reported that you were engaged in unauthorized [audio/video] recording within the clinic premises. Our clinic policy strictly prohibits the use of recording devices in patient care areas and consultation rooms to protect the privacy and confidentiality of our patients and staff, in accordance with healthcare privacy regulations.

Policy Reminder:
Per our signed Patient Agreement, recording of any kind is prohibited without the express written consent of all parties involved and the clinic administration.

Required Action:
We request that you immediately delete any recordings made within the facility. Please be advised that further violations of this policy may result in the termination of your patient-provider relationship and discharge from this practice.

We value you as a patient and aim to provide a safe and private environment for everyone. If you have questions regarding this policy, please contact our Office Manager at [Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title]
[Clinic Name]