[Date]

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

Dear [Patient Name],

Your privacy is important to us. This letter serves as an introduction to our Notice of Privacy Practices, which describes how medical information about you may be used and disclosed, and how you can get access to this information.

At [Organization Name], we are committed to protecting your personal health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA). The attached notice provides detailed information regarding:

- How we use your information for treatment, payment, and healthcare operations.
- Your rights to inspect and copy your medical records.
- Your right to request amendments to your records.
- How you can file a complaint if you believe your privacy rights have been violated.

Please review the enclosed Notice of Privacy Practices carefully. If you have any questions regarding our privacy policies, please contact our Privacy Officer at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Organization Name]