Date: [Insert Date]

To: [Recipient Name/Policyholder Name]

Policy Number: [Insert Policy Number]

Subject: Purpose of This Health Insurance Privacy Letter

Dear [Recipient Name],

The purpose of this letter is to inform you of how your personal and medical information is collected, used, and protected under our health insurance privacy policies. We are committed to maintaining the confidentiality of your Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Why You Are Receiving This Notice:

- **Privacy Protection:** To explain your rights regarding your medical records and personal data.
- **Usage Disclosure:** To outline how we use your information for payment, treatment, and healthcare operations.
- **Legal Compliance:** To meet federal and state requirements for notifying members of their privacy rights.
- **Third-Party Sharing:** To clarify when and why your information may be shared with healthcare providers or legal authorities.

Your Rights Include:

- The right to request a copy of your health records.
- The right to request corrections to inaccurate information.
- The right to request restricted access to your data.
- The right to be notified in the event of a data breach.

No action is required from you unless you wish to update your privacy preferences. Please keep this document for your records.

If you have questions regarding this notice or how your data is handled, please contact our Privacy Office at [Insert Phone Number] or visit [Insert Website].

Sincerely,

[Your Name/Company Name]
[Department Name]
[Contact Information]