[Insurance Company Name]
[Street Address]
[City, State, Zip Code]
[Date]

Subject: Annual Notice of Privacy Practices

Dear [Customer Name],

At [Insurance Company Name], protecting your personal and medical information is one of our highest priorities. This letter serves as your annual notification regarding our privacy practices and how we handle your protected health information (PHI).

How We Use Your Information
We use your personal and health information to:

- Process your claims and provide coverage for health care services.
- Coordinate your care and manage your insurance benefits.
- Verify your identity and prevent fraud.
- Comply with legal and regulatory requirements.

Your Rights
Under federal and state law, you have the right to:

- Request a copy of your health records.
- Request a correction to your records if you believe information is incorrect.
- Request a list of whom we have shared your information with for purposes other than treatment, payment, or operations.
- Request restrictions on how we use or disclose your information.

Our Responsibilities
We are required by law to maintain the privacy and security of your protected health information. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

Full Privacy Policy
You can view our complete Notice of Privacy Practices online at [Website URL]. If you would like a printed copy of our full policy mailed to you, please contact our Customer Service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Department Name/Officer Name]
[Insurance Company Name]