[Date]

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

**Subject: Annual Privacy Notice Regarding Your Workers' Compensation Claim**

Dear [Client Name],

This letter serves as your annual notification regarding the privacy practices of [Company Name] concerning your workers' compensation claim. We are committed to protecting the confidentiality of your personal and medical information.

**Information We Collect**
To process your claim, we collect non-public personal information, including your name, social security number, medical records, employment history, and financial details related to your benefits.

**How We Use Your Information**
Your information is used solely for the purpose of administering your workers' compensation benefits. This includes evaluating medical treatments, processing payments, and complying with legal and regulatory requirements.

**Information Sharing**
We do not sell your information to third parties. We only share your data with authorized entities involved in your claim, such as:
- Medical providers and healthcare evaluators.
- State workers' compensation boards or regulatory agencies.
- Legal representatives involved in the claim process.
- Reinsurance companies or authorized service providers.

**Our Security Procedures**
We maintain physical, electronic, and procedural safeguards to protect your information. Access is restricted to employees and authorized parties who need the information to provide services to you.

**Your Rights**
You have the right to review the personal information we have on file for you and to request corrections if you believe the information is inaccurate.

If you have any questions regarding this notice or our privacy policy, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]