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

**RE: Annual Notice of Privacy Practices**

Dear Employee,

This letter serves as the annual notification regarding the Privacy Practices for the [Company Name] Group Benefits Plan. We are committed to protecting the confidentiality of your personal and health information.

The Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of the availability of our Notice of Privacy Practices. This notice describes how your protected health information (PHI) may be used and disclosed, and how you can get access to this information.

**Your Rights**
Under these privacy rules, you have the right to:

- Inspect and copy your health and billing records.
- Request an amendment to your health records if you believe they are incorrect.
- Request a restriction on certain uses and disclosures of your information.
- Request an accounting of disclosures we have made of your health information.

**Availability of the Full Notice**
The full Notice of Privacy Practices is available for your review. You may obtain a copy of the current notice by:

- Visiting the company intranet at [Website/Link].
- Contacting the HR Department at [Phone Number].
- Requesting a paper copy via email at [Email Address].

If you have any questions regarding this notice or our privacy practices, please contact the Plan Privacy Officer at [Contact Information].

Sincerely,

[Name/Signature]
[Title]
[Company Name]