

PP-05 Attachment A  
Rev. 5/22/06

## **Sample Acknowledgement Letter**

Date

First & Last Name

Address 1

Address 2

City, State, Zip Code

Dear Title, last Name:

Thank you for your recent letter regarding your concerns about the privacy of your personal healthcare information. I want to let you know that I will review the issues you raised and will respond to you within 30 business days or sooner if possible following review of your concerns.

Patient and family satisfaction are very important to us. Your feedback helps us to identify areas where further improvement may be needed.

Thank you, again, for taking the time to share your concerns. If I can be of assistance to you in the future, please do not hesitate to contact me at (area code) (number).

Sincerely,

(Name)

(Title)

(Typist Initials)