## Sample Patient Letter A – No Disease Transmission Identified, Issued by Healthcare Facility

Dear Sir or Madam,

We are sending this letter because you had a procedure at MEDICAL CENTER NAME, ADDRESS, between DATE and DATE. During this time, an unacceptable practice may have occurred during the procedure. Although we do not know whether this action has caused any illness, it is possible that this action may have exposed you to infections. **As a precaution, we are asking that patients get tested for hepatitis C virus, hepatitis B virus, and human immunodeficiency virus (HIV).**

All of us at MEDICAL CENTER NAME understand that this is alarming and may be frightening. We want to assure you that we will assist you in every way possible, including paying for you to receive necessary tests. **We recommend that you get tested,** as there are treatment options available if you do test positive for one of the three infections.

MEDICAL CENTER NAME understands that this is an unacceptable practice that once discovered was immediately corrected. We are working with public health authorities to conduct a thorough investigation. We have no reason to suspect that patients who had the procedure before DATE are at risk. The concern lies only with patients treated within the timeframe stated above.

We have made arrangements with LAB COMPANY NAME, an independent network of clinical laboratories, to provide free blood testing for you. MEDICAL CENTER NAME will be responsible for the cost. Enclosed is a form for the testing. Please take this form to a LAB COMPANY NAME Patient Service Center location convenient to you. Fasting before the test is not necessary, and LAB COMPANY NAME recommends arriving TIME OF DAY for the tests. We have enclosed a list of local LAB COMPANY NAME centers, and a complete listing of locations is available by visiting <http://www.website.com>.

Depending on the date of your procedure, you may need to be tested now and be tested six months later.

The healthcare provider specified on your MEDICAL CENTER NAME medical record for this procedure will also be notified in writing of the situation, including which tests are required.

We realize that you turn to MEDICAL CENTER NAME to get better. This event is intolerable to us as well, and we want to work with you to resolve the situation and ensure your safety and well-being. If you have additional questions or concerns, please call the dedicated 24-hour hotline at (555) 555-5555 or refer to the following website: <http://www.website.com>.

Sincerely,

**CEO**

**MEDICAL CENTER NAME**