

Dear [Patient Name],

[Adult Rheumatology Practice Name] is pleased to welcome you to our adult rheumatology practice. Because you are an adult, you
are the decision maker about your own health care. You are welcome to bring along family members with you to your appointments.
To protect your privacy, we do not discuss your care with anyone else (including your parents, guardians or friends) unless we have
your permission.

We expect you to come to your appointments on time and to ask questions about your care. Our goal is to provide you with compassionate medical care and to provide you with the information you need to understand your disease and treatment plan.
Please contact us at the number below if you have questions or need more information.

Sincerely,

[Adult Practice Name}

[contact information]