­­INSERT DATE 20XX

**Via Regular Mail**

Patient Name

Patient Address

Patient Address

**Re: Notice about practice masking policy**

Dear [INSERT NAME OF PATIENT],

Your safety and the safety of our staff are important to us. This is why we require masks to be worn in our practice at all times. Although masking requirements may be more lenient in some public areas, they are still mandatory in all healthcare settings.

For your protection and the safety of our staff, we trust that you will abide by our policy. If you forget your mask, we will offer you one to wear during your visit. You will not be allowed to enter our facility without a mask.

If you have a documented medical reason that you cannot wear a mask, please contact our office so that we can make alternate arrangements for your upcoming visit.

Thank you for understanding and for your cooperation. We look forward to seeing you at your next visit.

Sincerely,

INSERT PRACTICE ADMINISTRATOR SIGNATURE

***[Note to the practice: Remove this section as it provides a list of alternatives you may offer the patient.***

* ***Different face covering styles such as a scarf, bandana, or face shield.***
* ***Allowing patients to wait in their car until the room is ready for patient placement.***
* ***Depending on the medical need, allow certain services to occur via drive through, such as vaccinations.***
* ***Rescheduling the appointment to a telemedicine visit.***

***If no alternative is acceptable:***

* ***Reschedule the visit to the end of the day when less patients are present.***
* ***Use vaccinated healthcare personnel if available.***
* ***Healthcare personnel wear additional protection inclusive of mask and face shield or mask and goggles.]***