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| **ATHORITY LETTER** |
| Medical Treatment |
| To[Receiver Name][Receiver Title][Addess][Email] |
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| From[Sender Name][Sender Title][Addess][Email] |

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| **Subject:** Authorization for Medical TreatmentDear Dr. Johnson,I am writing to formally authorize Robert Davis as the responsible individual for making medical decisions and overseeing the medical treatment of my sister, Jane Smith, in the event that I am unable to do so myself. I understand the importance of having a trusted person to act on my behalf in situations where timely medical decisions are required, and I have full confidence in Robert Davis's ability to make informed choices for my sister's well-being.This authorization is necessary to ensure that appropriate and timely medical care is provided to Jane Smith under any circumstances that may arise. I trust Robert Davis to make decisions in line with my sister's best interests and to consult with medical professionals to determine the most suitable course of action.**I grant Robert Davis the authority to:**1. Make medical decisions on behalf of Jane Smith, including consenting to or refusing medical treatments, surgeries, and procedures.
2. Access Jane Smith's medical records, discuss her medical condition with healthcare providers, and obtain information related to her treatment.
3. Coordinate and communicate with medical personnel, specialists, and other relevant parties involved in Jane Smith's healthcare.

 Please provide Robert Davis with the necessary access and information to fulfill his role effectively. This authorization is effective immediately and remains in effect until revoked by me in writing. I kindly request that you keep a copy of this letter on file for your records and share this information with the medical staff responsible for Jane Smith's care.Thank you for your attention to this matter. I appreciate your assistance in ensuring that Jane Smith's medical needs are met, even in my absence.Sincerely,Sarah ThompsonDate of Birth: May 10, 19XX**Enclosure**: Copy of Robert Davis's identification and contact information. |

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