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| **ATHORITY LETTER**Medical Treatment |
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| 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 Treatment on Behalf of [Patient's Name]Dear [Recipient's Name],I am writing to formally authorize [Agent's Name] as the responsible individual for making medical decisions and overseeing the medical treatment of [Patient's Name], 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 [Agent's Name]'s ability to make informed choices for [Patient's Name]'s well-being.This authorization is necessary to ensure that appropriate and timely medical care is provided to [Patient's Name] under any circumstances that may arise. I trust [Agent's Name] to make decisions in line with [Patient's Name]'s best interests and to consult with medical professionals to determine the most suitable course of action.**I grant** [Agent's Name] **the authority to:**1. Make medical decisions on behalf of [Patient's Name], including consenting to or refusing medical treatments, surgeries, and procedures.
2. Access [Patient's Name]'s medical records, discuss their medical condition with healthcare providers, and obtain information related to their treatment.
3. Coordinate and communicate with medical personnel, specialists, and other relevant parties involved in [Patient's Name]'s healthcare.

Please provide [Agent's Name]with the necessary access and information to fulfill their 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 [Patient's Name]'s care.Thank you for your attention to this matter. I appreciate your assistance in ensuring that [Patient's Name]'s medical needs are met, even in my absence.Sincerely,[Your Signature][Your Printed Name] [Your Date of Birth] **Enclosure:** Copy of [Agent's Name]'s identification and contact information. |

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