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| **Authority Letter** | [Email] |
| Medical Treatment | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

**Subject**: Authorization Letter for Medical Treatment and Decision-Making

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally authorize my sibling, [Agent's Full Name], to act on my behalf as the responsible party for medical decisions and communication regarding the health and well-being of our elderly parent, [Parent's Full Name]. As my frequent work-related travels may hinder my immediate presence and involvement, I trust that my sibling will ensure the best possible care for our parents during my absence.

**This authorization includes but is not limited to the following:**

1. Medical Treatment Consent\*\*: [Agent's Full Name] is authorized to provide informed consent for medical treatments, surgeries, procedures, medications, and any other necessary interventions on behalf of our parent. They are empowered to discuss treatment options with medical professionals, ask questions, and make decisions in the best interest of our parent's health.
2. Access to Medical Information\*\*: [Agent's Full Name] is permitted to access our parent's medical records, test results, diagnostic reports, and any other relevant medical information from your facility. They may also communicate with the medical team and other healthcare providers to discuss our parent's condition, treatment plans, and progress.
3. Consultations and Discussions\*\*: [Agent's Full Name] is authorized to participate in consultations and discussions with doctors, nurses, and specialists regarding our parent's medical condition. They may seek clarification, ask for updates, and request additional information as needed.
4. Decision-Making Authority\*\*: In situations where timely decisions are required, [Agent's Full Name] has the authority to make informed choices about our parent's medical care, in consultation with medical professionals, and based on their understanding of our parent's wishes and best interests.

This authorization is effective from the date of this letter and will remain in effect until further notice. I assure you that my sibling, [Agent's Full Name], is fully capable of handling these responsibilities with the utmost care, compassion, and responsibility.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information or documentation. I am committed to remaining involved in our parent's healthcare decisions to the best of my ability despite my work-related commitments.

I sincerely appreciate your understanding and cooperation in this matter. Thank you for providing the best possible care to our parent.

Sincerely,

[Your Name]

[Your Signature]