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

**Subject:** Authorization for Medical Treatment of [Elderly Family Member's Full Name]

Dear [Recipient's Name],

I, [Your Full Name], am writing this letter to authorize [Agent's Full Name] to make medical decisions and provide consent on behalf of my elderly family member, [Elderly Family Member's Full Name], in all matters related to medical treatment and care.

Due to [Elderly Family Member's Full Name]'s advanced age and health condition, it has become necessary for me to designate a trusted individual to act as their agent in medical matters. I have full confidence in [Agent's Full Name]'s ability to make informed decisions and ensure the best possible care for [Elderly Family Member's Full Name].

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

1. Consenting to medical procedures, surgeries, tests, and treatments as deemed necessary by the attending medical professionals.
2. Accessing and reviewing medical records and information relevant to [Elderly Family Member's Full Name]'s health.
3. Communicating with medical personnel, doctors, nurses, and other healthcare providers on behalf of [Elderly Family Member's Full Name].
4. Making decisions regarding medications, therapies, and any other medical interventions.

I understand that this authorization is effective from the date of this letter and will remain in effect until I provide written notice of its revocation or termination. I retain the right to revoke this authorization at any time, in writing.

Please provide [Agent's Full Name] with any necessary forms or documents that may be required to facilitate their role as [Elderly Family Member's Full Name]s authorized agent for medical decisions.

I appreciate your understanding and cooperation in this matter. If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Full Name]

[Your Signature (if sending a physical letter)]

[Your Printed Name]