

# Emergency Contact Information Update

Date: [Insert Date]

To: [Healthcare Facility Name]

Address: [Healthcare Facility Address]

Dear [Healthcare Provider's Name or "Team"],

I am writing to inform you of an update to my emergency contact information that is currently on file. Please update your records with the following details:

## **Updated Emergency Contact Information:**

**Contact Name:** [Insert Contact Name]

**Relationship:** [Insert Relationship]

**Phone Number:** [Insert Phone Number]

**Alternate Phone Number:** [Insert Alternate Phone Number]

If you have any questions or require further information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]