

# Letter of Agreement

Date: [Insert Date]

To: [Friend's Name]

Address: [Friend's Address]

Dear [Friend's Name],

I hope this message finds you well. This letter serves as an official agreement whereby I, [Your Name], hereby authorize you to represent me in all matters related to my medical communications.

As my representative, you will have the responsibility to communicate with healthcare professionals, manage appointments, and relay any relevant information regarding my medical condition and care. I trust that you will act in my best interests and keep me informed throughout this process.

This agreement is effective from [Start Date] and will remain valid until [End Date or "revoked in writing"].

Thank you for agreeing to assist me in this important matter. Please sign below to indicate your acceptance of this agreement.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]

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[Friend's Name]

[Date]