

Authorization Letter

Date: _____

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], hereby authorize my friend, [Friend's Full Name], to discuss and obtain any medical information on my behalf. This includes, but is not limited to, my medical records, treatment plans, and any other pertinent health information.

This authorization is effective immediately and will remain in effect until [End Date or "revoked by me in writing"].

My contact information is as follows:

Email: [Your Email]

Phone: [Your Phone Number]

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]