

Consent for Healthcare Matters

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], hereby give my consent for my friend, [Friend's Full Name], to handle all healthcare matters on my behalf in case I am unable to do so due to illness or incapacitation.

This consent includes, but is not limited to, making medical decisions, accessing my medical records, and communicating with healthcare providers.

This authorization is effective immediately and will remain in effect until I revoke it in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]