

Letter of Delegation

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize my friend, [Friend's Name], to act on my behalf in all matters related to my healthcare. This delegation includes, but is not limited to, engaging with healthcare providers, accessing medical records, and making healthcare decisions.

This authorization is effective immediately and will remain in effect until revoked in writing.

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]