

Empowerment Letter for Healthcare Management

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby empower my friend, [Friend's Name], to act on my behalf regarding all healthcare inquiries, decisions, and management. This includes, but is not limited to, accessing my medical records, discussing my health conditions with healthcare providers, and making necessary appointments.

This empowerment is granted to ensure that my healthcare needs are met effectively, and I trust [Friend's Name] to handle my affairs responsibly and with my best interests at heart.

Thank you for your cooperation.

Sincerely,

[Your Signature (if required)]

[Your Name]

[Your Contact Information]