

Letter of Authority for Healthcare Discussions

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby grant authority to my friend, [Friend's Full Name], to discuss my healthcare matters on my behalf. This authorization includes the right to make inquiries about my medical records, treatment options, and any other healthcare-related issues.

This authority is granted from [Start Date] to [End Date].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]