

# Permission Letter for Access to Medical Records

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby grant permission to my friend, [Friend's Name], to access my medical records for the purpose of [specify purpose, e.g., understanding my medical history, assisting me with health decisions, etc.].

This authorization is valid until [expiration date or "revoked by me in writing"].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Name]

[Your Contact Information]