

Appointment of Legal Health Advocate

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Advocate's Name]

[Advocate's Title]

[Advocate's Address]

[City, State, Zip Code]

Dear [Advocate's Name],

I am writing to formally appoint you as my legal health advocate. This appointment authorizes you to act on my behalf in all matters related to my health care, including but not limited to:

- Accessing my medical records
- Making health care decisions
- Communicating with healthcare providers

This appointment is effective immediately and will remain in effect until revoked in writing by me.

Thank you for accepting this responsibility. I trust that you will advocate for my health and well-being in all situations.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]