

Designated Healthcare Representative Notification

Date: _____

To Whom It May Concern,

This letter serves to inform you that I, **[Your Name]**, have designated **[Representative's Name]** as my healthcare representative. This designation is effective immediately and remains in effect until revoked in writing.

My healthcare representative is authorized to make healthcare decisions on my behalf if I become unable to do so. This includes decisions regarding my medical treatment, access to medical records, and communication with medical professionals.

Contact Information for my designated representative:

- Name: [Representative's Name]
- Phone: [Representative's Phone Number]
- Email: [Representative's Email Address]
- Address: [Representative's Address]

If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your attention to this important matter.

Sincerely,

[Your Signature if sending a hard copy]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]