

# Financial Power of Attorney for Healthcare Decisions

**Principal:** [Your Full Name]

**Address:** [Your Address]

**City, State, ZIP Code:** [City, State, ZIP]

**Date:** [Date]

**Agent:** [Agent's Full Name]

**Address:** [Agent's Address]

**City, State, ZIP Code:** [City, State, ZIP]

## Letter of Appointment

Dear [Agent's Name],

I, [Your Full Name], hereby appoint you, [Agent's Full Name], as my attorney-in-fact for healthcare decisions and financial matters related thereto.

This power of attorney allows you to make healthcare decisions on my behalf if I am unable to do so myself, including but not limited to:

- Making decisions about medical treatments
- Accessing my medical records
- Communicating with healthcare providers
- Managing my financial affairs as they relate to my healthcare

This power of attorney shall remain in effect until revoked in writing by me.

Thank you for accepting this responsibility.

Sincerely,

[Your Signature]

[Your Printed Name]

Witness:

[Witness Signature]

[Witness Printed Name]

[Date]