

# Letter of Understanding: Patient Care Choices

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dear [Patient's Name],

This letter serves to outline our mutual understanding of your care preferences as we work together to provide you with the best possible treatment plan. We value your input and aim to involve you in every step of your care.

## 1. Understanding Your Preferences

We wish to understand your preferences regarding:

- Medical treatments you wish to pursue or avoid
- Your goals and expectations from treatment
- Communication preferences regarding health updates

## 2. Shared Decision-Making

We are committed to a shared decision-making approach where your opinions will play a crucial role in choosing your treatment options.

## 3. Advance Directives

We encourage discussions about advance directives to ensure your choices are respected in case you are unable to communicate them in the future.

## 4. Questions and Concerns

Please feel free to raise any questions or concerns you may have regarding your care options at any time.

Thank you for entrusting us with your care. We look forward to partnering with you in your health journey.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]