

Authorization for Personal Trainer to Communicate with Healthcare Providers

Date: _____

To Whom It May Concern,

I, [Your Name], born on [Your Birth Date], reside at [Your Address], hereby authorize [Personal Trainer's Name], my personal trainer, to communicate and exchange information with my healthcare providers regarding my health and fitness program.

This authorization includes, but is not limited to, the following healthcare providers:

- [Healthcare Provider 1 Name, Contact Information]
- [Healthcare Provider 2 Name, Contact Information]
- [Healthcare Provider 3 Name, Contact Information]

This authorization is valid from [Start Date] to [End Date] and may be revoked by me in writing at any time.

Thank you for your cooperation in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]