

Health Authorization Letter

I, [Your Name], hereby authorize [Name of Authorized Person] to act on my behalf in all matters related to my health. This includes, but is not limited to, making decisions about my medical care, accessing my medical records, and communicating with my healthcare providers.

I understand that this authorization will remain in effect until I revoke it in writing. I also understand that I have the right to review any and all information that is released to the authorized person, and that I can revoke this authorization at any time.

Thank you for your attention to this matter.

Sincerely,