Formal Health Authorization Letter

Subject: Authorization to Access Medical Records

Dear [Healthcare Providerâ€™s Name],

I, [Full Name], hereby authorize [Authorized Personâ€™s Name], identified with [ID/Passport Number], to access and obtain copies of my complete medical records from [Hospital/Clinic Name] as of [Start Date] until [End Date].

This authorization includes medical history, treatment notes, diagnostic reports, test results, prescriptions, and any other health-related information required for ongoing care. This consent is granted to assist with my treatment and may not be used for any other purpose without my explicit approval.

Please consider this letter as formal and binding authorization. I understand that I may revoke this authorization at any time by submitting a written request.

Sincerely,

[Your Full Name]

[Signature if printed]