Provisional Health Authorization Letter

Subject: Temporary Health Authorization

Dear [Healthcare Facility],

I, [Full Name], authorize [Authorized Personâ€™s Name] to access my health information and make non-surgical treatment decisions on my behalf during my absence from [Start Date] to [End Date].

This authorization is strictly provisional and limited to routine treatments, prescription refills, and medical check-ups. It does not extend to major surgeries or irreversible medical decisions.

This authorization will automatically expire on [End Date].

Sincerely,

[Your Full Name]

[Signature if printed]