

Specimen letter giving authority for someone (member of your family/carer/patient advocate to act on your behalf

PRINT your full name and address here

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To whom it may concern.

Please be advised that this is a letter of authority (permission) for
(insert name).....
(Address).....

.....
to act as my Patient Advocate in all matters concerning my request and
application for funding from (insert name of PCT)Primary Care
Trust.

This authority extends to providing my advocate (insert name).....
with full disclosure of any documents he/she may request on my behalf,
including medical &/or personal &/or confidential documents in connection to
the above process.

Please confirm your agreement to my request and acknowledge receipt of this
letter to the above address.

Signed
Dated.....

Witnessed by.....
PRINT NAME.....
Address.....

.....
.....
Dated.....

