

General Instructions for Letter  
to send with Caregivers and Consent  
document

1. Complete all blank areas in the heading and the body of the letter.
2. Complete the signature block (signature above line, printed name, address, phone, email information below signature line and the date ONLY before the Notary.
3. Attach this letter to the Caregivers and Consent document when you mail and courier service (see *General Instructions for Caregivers and Consent document for further details.*)

**To:** All Healthcare Providers for Patient named \_\_\_\_\_  
with Date of Birth of \_\_\_\_\_

**RE:** Caregivers and Consent document

**CC:** All representatives, subsidiaries, parent companies, attorneys, Chief of Staff, Chief Quality Officer, Medical Executive Committee, Board of Trustees, Chief Executive Officer

I am the Medical Power of Attorney for Patient named \_\_\_\_\_ with  
Date of Birth \_\_\_\_\_; please see the attached Medical Power of Attorney documents.

Attached is the Caregivers and Consent document for Patient named  
\_\_\_\_\_ with Date of Birth \_\_\_\_\_.

Please ensure that this Caregivers and Consent document is clearly accessible in the electronic medical record at all times for all healthcare providers.

Thank you in advance for your attention to this matter.

\_\_\_\_\_  
Name  
Address  
Phone  
Email

\_\_\_\_\_  
Date

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NOTARIZED ACKNOWLEDGEMENT

State of: \_\_\_\_\_

County of: \_\_\_\_\_

PERSONALLY came and appeared before me, the undersigned Notary, within the  
named \_\_\_\_\_, who is a resident of \_\_\_\_\_ County, State of  
\_\_\_\_\_.