

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Queensland Health]  
[Recipient Address]  
[City, State, ZIP Code]

Dear [Recipient Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf in matters concerning my health information and medical records. This authorization includes but is not limited to obtaining and discussing medical records, scheduling appointments, and making healthcare decisions on my behalf.

This authorization is valid until [End Date] or until it is revoked in writing by me.

I appreciate your assistance in this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your attention to this authorization.

Sincerely,

[Your Signature]  
[Your Printed Name]