

Enhancing Lives, Promoting Independence, Embracing Recovery

Date: November 21, 2023

TO: «GFName» «GLName»

«GADDR1»

«GAddr2»

«GCity», «GState» «GZip»

RE: «First\_Name» «Last\_Name» - «Client\_»

Enclosed you will find the Annual/Change “Informed Consent for Medication(s)” that requires your signature as guardian. **Please sign and date where highlighted and return in the enclosed self-addressed, stamped envelope.** You may keep the medication instruction sheet(s) that are enclosed. If you require a copy of the “Consent for the Use of Medications”, please contact us.

Thank you for your prompt attention to this matter.

Sincerely,

Sanilac CMH Medical Department Staff