



SAMPLE LETTER

Date

Dear [Insert Name]:

I am [state your name, title, degree, and relationship to the patient]. I have obtained consent from [patient, health care agent, court, or conservator] to provide information to you about patient's [durable power of attorney for finances, health care agent authority, conservatorship].

The patient has been under my care since [explain frequency/duration] and I have been able to observe and assess patient's mental capacity during this time. I have assessed patient's mental capacity using [describe methods].

Questions for providers regarding methods:

- *Did you use a standardized screening tool? Which one?*
- *If so, state the score and specific functions/deficits you observed*
- *Did you make a diagnosis following the screen?*

Based on these methods [share what you know or observed]:

Questions for providers regarding observations to share:

- *Are cognitive impairments temporary or reversible or addressable through hearing aids, medication management, or addressing other underlying medical conditions?*
- *To the best of your observation, what function does patient currently retain? How long will they retain it?*
- *What function does patient require assistance with? How long will they need help?*

Based on this assessment, I believe that [provide an opinion]:

Considerations for providers regarding opinions:

- *Do the specific deficits patient has exhibited significantly impair their ability in the domain you're being asked about? Examples of domains:*
 - o *Create a durable power of attorney for finances (name a trustworthy person who can help them manage their money and make a range of important legal and financial decisions)*
 - o *Create an advance directive (name a health care agent and state goals of care)*
 - o *Independently manage finances (whether a durable power of attorney for finances has been "triggered" and their agent can start helping them make financial decisions, such as going to the bank)*

- *Make health care decisions (whether a caregiver named as health care agent in an advance directive or durable power of attorney for health care can start helping them make medical decisions)*
- *Cannot provide for their own basic food, clothing or shelter or resist fraud or undue influence AND multiple supports to meet those needs or avoid exploitation have been tried and failed (need for probate conservatorship)*
- *Other*
- *Speak only to the specific domain/s you've been asked about and can speak to. It is ok to say you were unable to draw a conclusion or lack information if that is the case.*
- *Suggest/offer periodic reassessment based on what might be clinically appropriate given the patient's conditions. For instance, if you believe the patient retains most capacities now but is likely to experience diminished capacity in 6 months to a year, reassessment may be helpful.*

You may reach me at [contact info] for clarification as needed.

Sincerely,

[signature]

Disclaimer: This guidance is not intended as a substitute for independent medical judgment or the advice of ethics committees or institutional counsel. Please consult your local standards and policies in conducting capacity assessments.