[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Patient Name]
[Patient Address]
[City, State, Zip Code]

Welcome to Advanced Care Planning

Dear [Patient Name],

At [Clinic Name], we are committed to providing care that honors your personal values and preferences. We are writing to invite you to begin the Advanced Care Planning (ACP) process.

What is Advanced Care Planning?
ACP is a process that allows you to make decisions about the healthcare you would want to receive if you became unable to speak for yourself. It involves thinking about your goals, talking with your loved ones, and documenting your wishes.

Why is this important?
By completing these documents now, you ensure that your medical team and family understand your choices, reducing stress and uncertainty during difficult times.

How to get started:

- **Reflect:** Think about what matters most to you regarding your future medical care.
- **Appoint:** Choose a Healthcare Proxy (someone to make decisions on your behalf).
- **Discuss:** Talk to your doctor during your next visit about your goals.
- **Document:** Complete a Living Will or Durable Power of Attorney for Healthcare.

We have enclosed educational materials and the necessary forms for your review. Please bring any completed documents or questions to your next scheduled appointment on [Appointment Date/Time].

If you have any questions before your visit, please call us at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]