

**MARC MANDEL, M.D., F.A.C.S.**  
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**DESIGNATION OF DISCLOSURE**

Designation of certain relatives, close friends and other caregivers.

I agree that the Practice of Marc Mandel, M.D., PC may disclose certain of my health information to a family member, close personal friend or other caregiver because such person is involved with my health care or payment relating to my health care. In that case, the practice will disclose only information that is directly relevant to the person's involvement with my health care or payment relating to my health care. I designate the following persons listed below as persons involved with my health care or payment relating to my health care for the purpose of Marc Mandel, M.D., PC making limited disclosures described above. I understand that I am not required to list anyone. I also understand that I may change this list at any time in writing.

Print Name \_\_\_\_\_  
& Phone # \_\_\_\_\_

Last 4 Digits SS# \_\_\_\_\_

Print Name \_\_\_\_\_  
& Phone # \_\_\_\_\_

Last 4 Digits SS# \_\_\_\_\_

Print Name \_\_\_\_\_  
& Phone # \_\_\_\_\_

Last 4 Digits SS# \_\_\_\_\_

Print Name \_\_\_\_\_  
& Phone # \_\_\_\_\_

Last 4 Digits SS# \_\_\_\_\_

Signature of Patient/ Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_