

Melissa Selke, M.D., P.C.
Family Medicine

Melissa Selke, M.D.
Olga L. Schiffman, APN, NP-C

390 Amwell Road
Building 4, Suite 405
Hillsborough, NJ 0884
Telephone: (908) 281-1199
Fax: (908) 281-4311

DESIGNATION OF RELATIVES, FRIENDS, AND/OR OTHER CAREGIVERS

Patient Name: _____

Date: __/__/__

I agree that Melissa Selke, M.D., P.C. may disclose certain portions of my health information to a relative, friend, and/or other caregiver because such person is involved with my health care or payment relating to my health care. In that instance, Melissa Selke, M.D., P.C. 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 wish to make no designation at this time.

Signature of Patient/Parent/Guardian: _____

I designate the following persons listed below as persons involved with my health care for payment relating to my health care for the purpose of Melissa Selke, M.D., P.C. making the 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: _____ **DOB or Password*:** _____

Print Name: _____ **DOB or Password*:** _____

Print Name: _____ **DOB or Password*:** _____

Print Name: _____ **DOB or Password*:** _____

**Please list the 4 digit (month & day) date of birth (DOB) of the person listed or choose a password. Please note, the person will have to give his/her DOB or password in order to receive any information.*

Signature of Patient/Parent/Guardian: _____