



HIPPA PRIVACY NOTICE

In order to email/fax/call you must provide your consent, recognizing that email/fax/call is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email/fax/call may be misdirected, disclosed to or intercepted by, unauthorized third parties. We will use the minimum necessary amount of protected health information to respond to your request, inclusive of speaking to any specialist regarding my child's case.

I authorize Dr. Natalie Mansour and all employees at Natalie Mansour DMD to send any and all requested records to my email on file or to the professional of my choice via protected e-mail. By signing my name below, I am giving you written consent as legal guardian to do so. I have been given the opportunity to ask questions in regards to these papers.