



Main Street SMILES

A beautiful smile starts with healthy teeth

Ahmed Al Attar, DDS, • 117 E. Main St. Berryville, VA 22611 • 540-955-4220 • www.mainstsmiles.com

Authorization for Release of Information and Notice of Privacy Practices

Name of Patient _____ Date of Birth _____
(Please Print Name of Patient)

Ahmed Al Attar, DDS is authorized to release protected health information about the above named patient to the identified persons in the following manner.

Please list the name(s) of the person(s) that you approve to receive information by the phone / voicemail.

_____	_____
(Name / Relationship to Patient)	(Phone Number)
_____	_____
(Name / Relationship to Patient)	(Phone Number)
_____	_____
(Name / Relationship to Patient)	(Phone Number)

Please check all that apply:

- Main Street Smiles has my permission to contact other dental/medical offices on my behalf regarding my information by phone and/or e-mail. (example: forward x-rays to specialist)
- For e-mail communication I understand that if e-mail is not sent in an encrypted manner there is a risk it could be accessed inappropriately.

Notice of Privacy Practices

I have been made aware of this office’s Notice of Privacy Practices. A copy of this office Privacy Practices are available for me to review. My signature below acknowledges receipt of said notice for me and all minor members of my family.

_____ (Patient / Guardian Signature) _____ (Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)