

## The Smile Designer

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### **Consent of Disclosure**

*I hereby give my consent to Dr. Maisa M. Idriss to use and disclose my Protected health information.. This would be for the purpose of treatment, payment and health care operations.*

*You may cancel this consent at any time. Your cancellation must be in writing signed by you and presented to our office in person. This request will only take effect if you present the request in person to our office. You have the right to refuse consent.*

*Our posted privacy polices provide additional information about the usage and discloser of your protected health information. You have the right to review it before signing the consent.*

#### **To give your consent:**

Print your name here \_\_\_\_\_

Signature here \_\_\_\_\_ Date \_\_\_\_\_

#### **To NOT give your consent:**

Print your name here \_\_\_\_\_

Signature here \_\_\_\_\_ Date \_\_\_\_\_