

**HANY NASR, MD**

201 E. Noble Ave, Visalia, CA 93277  
Tel: 559-627-6500 Fax: 559-627-6501

Dr. Nasr and/or his staff members have made available to me the "Notice of Privacy Practices". I am aware that I have the right to a paper copy of this notice.

**PATIENT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP (if other than self):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**Patient has given permission to inform said individual of all aspects of care:**

**SAID INDIVIDUAL**

**RELATIONSHIP**

**SAID INDIVIDUAL**

**RELATIONSHIP**

**SAID INDIVIDUAL**

**RELATIONSHIP**