

NOTICE OF PRIVACY PRACTICES

Dr. Michael M. Fanous
DPM, FAAFAS, MHA, MS
Foot and Ankle Reconstructive Surgeon
15366 11th St., Ste D
Victorville, CA 92395
(760) 951-1238

ACKNOWLEDGMENT FORM

I have been offered/ received the **Notice of Privacy Practices** and I have been provided an opportunity to review it.

Patient's Name: _____

Date of Birth: _____

Signature: _____
(If patient is a minor, parent or guardian signature)

Date: _____