



# Valley Vascular Associates

**VALLEY VASCULAR ASSOCIATES**  
Notification and Acknowledgement of  
Notice of Privacy Practices  
Regarding Protected Health Information

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a patient you have the right to a copy of that Notice. You may obtain a copy of the Notice from our Registration Desk or by mail:

Valley Vascular Associates  
Attention: Director of Health Information Management  
16917 Enadia Way  
Van Nuys, CA 91406

We reserve the right to change the Notice, and we do, you may obtain a copy of the reverse Notice from the same location noted above.

Please acknowledge your receipt of this notification by  
Signing below and returning it to us. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name:

Patient Date of Birth:

EXP: \_\_\_\_\_