

# MID VALLEY DERMATOLOGY

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## PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY STANDARDS

I have had the opportunity to review the Notice of Privacy Practices prior to signing this acknowledgement. I understand that if I would like a copy of these policies, I will be supplied one by this office. Mid Valley Dermatology reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Allan S. Wirtzer, MD at 4836 Van Nuys Blvd., Sherman Oaks, CA 91403.

**Patient:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_