



Southern Indiana  
**W** *Physicians for*  
*Women*, P.C.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of Southern Indiana  
Patient Name

Physicians for Women's Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Lisa Weiler, M.D. • Michael Stowell, M.D. • Elizabeth McDaniel, CNM**

1010 West Second Street • Bloomington, IN 47403 • 812-334-3955 • 1-877-917-3627 • Fax 812-334-5792