

PEORIA WOMEN'S HEALTH
OBSTETRICS & GYNECOLOGY

Lindsey A. Ma, MD

5401 N. Knoxville Avenue, Suite 109
Peoria, Illinois 61614

Tamara L. Olt, MD

Telephone (309) 692-2805 • Fax (309) 692-1913

RECEIPT OF NOTICE OF
PRIVACY PRACTICES FORM

I, _____, hereby acknowledge receipt of the Notice of Privacy Practices. The notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her Privacy Practices that are described in the Notice. I also understand that a copy of a Revised Notice will be provided to me or made available.

Signed: _____ Date _____

If you are not the patient, please specify your relationship to the patient _____

Place in Patient's File