



Dr. Joseph S. Whitehead
Dr. Karma L. Weeden
Dr. Elizabeth Earle

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You May Refuse to Sign This Acknowledgement)

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Please Print Name _____

Signature _____

Date _____

For Office Use Only

We were unsuccessful in our attempt to obtain a written acknowledgement of receipt of our
Notice of Privacy Practices because:

- Individual refused to sign
- An emergency prevented us from obtaining signature on acknowledgement
- Communication barriers prohibited the obtaining of the signature on the
acknowledgement
- Other (Please specify)

196 S. McCleary Road
Excelsior Springs, MO 64024
(816) 630-5713