



S-H Mid-Atlantic OpCo - St. Charles, LLC

Morningside House of St. Charles

**CONFIRMATION OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION**

_____ [Name of Resident]

_____ [Name of Personal Representative, if applicable]

Morningside House of St. Charles hereby certifies that it provided the above named resident or the above named personal representative of the above-named resident with a copy of its Notice of Privacy Practices for Protected Health Information dated September 21, 2016, and at the same time made a good faith effort to obtain a written acknowledgment of his/her receipt of such Notice of Privacy Practices.

Morningside House of St. Charles did not receive a written acknowledgment of receipt because:

Morningside House of St. Charles

Signature: _____

Printed Name: _____

Title: _____

Date: _____