



**WC- OAKWOOD OPS, LLC**

**Oakwood Assisted Living**

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

\_\_\_\_\_ [Name of Resident]

\_\_\_\_\_ [Name of Personal Representative, if applicable]

Oakwood Assisted Living 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 June 1, 2015, 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.

Oakwood Assisted Living did not receive a written acknowledgment of receipt because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Oakwood Assisted Living:**

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_