



**SL BELLINGHAM SNF, LLC**

**PARKLANE AT BELLINGHAM**

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

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

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

Parklane at Bellingham 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 March 31, 2014, 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.

Parklane at Bellingham did not receive a written acknowledgment of receipt because:

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

**Parklane at Bellingham**

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

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

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

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