



CHP O’FALLON MO TENNANT CORP.

Park Place at WingHaven

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

_____ [Name of Resident]

_____ [Name of Personal Representative, if applicable]

Park Place at WingHaven 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.

Park Place at WingHaven did not receive a written acknowledgment of receipt because: _____

Park Place at WingHaven

Signature: _____

Printed Name: _____

Title: _____

Date: _____