



MASSACHUSETTS SENIOR CARE, LLC

The Residences at Thomas Circle

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

_____ [Name of Resident]

_____ [Name of Personal Representative, if applicable]

The Residences at Thomas Circle 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 January 8, 2018, 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.

The Residences at Thomas Circle did not receive a written acknowledgment of receipt because:

The Residences at Thomas Circle

Signature: _____

Printed Name: _____

Title: _____

Date: _____