



LSREF GOLDEN PROPERTY 26 (OR), LLC

Settler's Park Assisted Living Community/ Settler's Park Memory Care Community

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

_____ [Name of Resident]

_____ [Name of Personal Representative, if applicable]

Settler's Park Assisted Living Community/ Settler's Park Memory Care Community 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.

Settler's Park Assisted Living Community/ Settler's Park Memory Care Community did not receive a written acknowledgment of receipt because: _____

Settler's Park Assisted Living Community/ Settler's Park Memory Care Community:

Signature: _____

Printed Name: _____

Title: _____

Date: _____