

ESKATON

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

Name: _____

Eskaton hereby certifies that it provided:

- the above named Individual, or
- the personal representative of the above-named Individual

with a copy of its Notice of Privacy Practices for Protected Health Information on _____, 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.

- Eskaton received a written acknowledgement of receipt on the Notice of Privacy Practices.
- Eskaton did not receive a written acknowledgment of receipt because:

ESKATON REPRESENTATIVE:

Signature: _____

Printed Name: _____

Title: _____

Date _____