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 acknowledgement of receipt because:

_____________________________________________________

_____________________________________________________

_____________________________________________________

ESKATON REPRESENTATIVE:

Signature:________________________________________________

Printed Name:______________________________________________

Title:_______________________________________________________

Date________________