

Landmark Total Dentistry  
Per T. Reiakvam DDS PLLC  
7400 E Crestline Cir., #240  
Greenwood Village, CO 80111  
303-759-3969

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received Landmark Total Dentistry's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of patient or patient representative

\_\_\_\_\_  
Date

#### DOCUMENTATION OF GOOD FAITH EFFORTS

A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

Patient refused to sign.

Patient was unable to sign or initial because: \_\_\_\_\_

Other reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of employee completing form

\_\_\_\_\_  
Date