



**ACE OBGYN LLC**  
**STEFAN NOVAC MD**  
Board Certified Obstetrician Gynecologist  
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**ACKNOWLEDGEMENT RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices. But acknowledgement of receipt of our Notice of Privacy from this patient could not be obtained because:

- The patient refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (please provide specific details)

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_