

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM.**

I, \_\_\_\_\_, have received a copy of **Hauw T. Han M.D.**  
Patient Name  
Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

**INSURANCE REFERRAL WAIVER**

We are a Specialist. Many insurance plans require a referral from your primary care physician to see specialist. It is your responsibility to check with your insurance company to see if a referral is needed. If a referral is needed you are required to call your primary care physician with the date of your appointment, so that they may call your insurance company to get a referral for you.

If we do not have a referral for you on file or your insurance company does not and one is required, it will then be your responsibility to pay for this visit.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_