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**PRIVACY PRACTICES ACKNOWLEDGEMENT
AND
PATIENT INFORMATION UPDATE SHEET**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

In accordance with the HIPAA (Health Insurance Portability and Accountability Act) Privacy Regulations enacted by the Federal Government and effective February 1, 2009, I hereby authorize that Drs. Hannon and Maltz LLC, it's physicians and employees, may contact me or return my calls by the following means:

Please check all that you wish to authorize:

- May contact me at my home. My home number is: _____
- May leave a message at my home.
- May contact me at work. My work number is: _____
- May contact me on my cellular phone. My cell number is: _____
- May speak with my family members regarding my condition. If so, list which family members and their phone numbers.

Name _____ Phone _____

Name _____ Phone _____

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Name _____ Date of Birth _____

Signature _____ Today's Date _____

This information constitutes Protected Health Information (PHI) as defined under HIPAA and as such will be used only by persons needing to use this information to provide patient care, for billing, or for other purposes only with your written authorization as required by law. It shall remain in effect unless/ until patient makes revisions.

This privacy policy is effective February 1, 2009 and is in effect indefinitely, unless our practice privacy policies change.