

Dr. Vincent D. DiMento DMD
4627 Onondaga Blvd
Syracuse 13219
(315-477-9960)
SyracuseFamilyDentist.com

NOTICE OF PRIVACY PRACTICE

As of April 14, 2003, Federal and State law requires us to privately maintain your health information. The law also requires us to give you notice about our privacy practices, and your rights concerning your health information.

A copy of our privacy practices can be made available at any time at our business office. Our privacy practices may change at any one time proved that the law permits the changes. If a significant change is made in our privacy practices a notice of the change will be made available.

USE AND DISCLOSURES OF HEALTH INFORMATION

Your health information can be disclosed to a health care provider that provides treatment to you.

We may use or disclose your health information to provide you with an appointment reminder (telephone calls at home/work, and postcards).

We may disclose your medical information as authorized by law for public health activities, including disease and vital statistic reporting, child/adult abuse reporting, neglect, domestic violence, and to employers regarding work related illness or injury. We may disclose your medical information to coroners, medical examiners and funeral directors.

We may disclose your health information to obtain payment for services provided.

PATIENT RIGHTS

You have the right to request in writing access to your health information at this office. If you request copies a charge may be incurred.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Your request is not binding unless our agreement is in writing.

Your medical status may be discussed, only in office, between staff members in order to provide you optimal care.

If you have questions or complaints about misuse of the privacy practices you may contact our front desk receptionist or submit a written complaint to the U.S. Department of Health and Human Service.

I acknowledge that I have received a notice of Privacy practices from the above named practice.

****Please sign on computer signature Pad***

Thank you and have a great day!