CNY DIAGNOSTIC IMAGING
a Rezolut partner

The Hill Medical Center
1000 E. Genesee St., Ste 100
Syracuse, NY 13210
Phone: (315) 472-8835
Fax: (315) 476-3712

Clay Medical Center
8100 Oswego Rd., Ste 120
Liverpool, NY 13090
Phone: (315) 652-1020
Fax: (315) 652-4578

Brittonfield
4939 Brittonfield Pkwy.
East Syracuse, NY 13057
Phone: (315) 634-6690
Fax: (315) 634-6691

MEDICAL RELEASE FORM/PRIVACY POLICY

We use an automated reminder system to remind you of your appointment. This system will leave a message with whomever answers the call or on your answering machine.

Primary Phone Number:

Secondary Phone Number:

Please enter below (besides yourself/Doctor) who we may speak to regarding your care and/or pick up a copy of your images or reports:

Name: Relationship:

I understand that CNY Diagnostic Imaging may need to obtain or release my PHI directly to or from healthcare facilities in order to treat, interpret or follow-up on my exam and complete quality assurance follow-up.

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received CNY Diagnostic Imaging's Notice of Privacy Practices and that a copy has been made available to me.

Patient Name PRINTED

_______ / ______ / _______
Date of Birth

Patient Signature

_______ / ______ / _______
Date

Signature of Parent or Guardian or Personal Representative

_______ / ______ / _______
Date

Witness

_______ / ______ / _______
Date

REV 6/2023