

## **Center For Oral & Maxillofacial Surgery**

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes our office practices and those of:

- Any healthcare professional authorized to enter information into your medical record
- All employees, staff and other personnel.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive here. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by us, whether made by office personnel or by the physician.

### **WE ARE REQUIRED BY LAW TO:**

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain that we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses technicians, medical assistants or medical office personnel who are involved in take care of you here in our office. We also may disclose medical information about you to people outside our office who may be involved in your medical care, such as a referring physician, your primary care physician or others we use to provide services that are a part of your care.
- **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive at our office may be billed to and payment may be collected for you, and your insurance company, or third party. For example, we may need to give your health plan information about treatment so your health plan will pay us or reimburse you for treatment. We may disclose information about you to another health care provider, such as another physician for their payment activities concerning you.
- **FOR HEALTHCARE OPERATIONS:** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **TREATMENT ALTERNATIVE:** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- **HEALTH – RELATED BENEFITS AND SERVICES:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to your individuals involved in your care or payment for your care. We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition status and location. You can object to the releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object we will use our profession judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.
- **AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by Federal, state, and local law.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public. Any disclosure, however, would only be to someone able to help prevent the threat.