



HIPPA Compliance

*Notice of **GEORGIA ORAL AND FACIAL SURGERY** HIPAA Privacy Practices*

Georgia Oral and Facial Surgery takes your privacy seriously and wants to tell you about our privacy practices to protect your personal health information. This notice describes how your medical and dental information about you may be used or disclosed. It also explains how you may obtain access to this information, thus careful reflection is required on your part. Georgia Oral and Facial Surgery may use your health information, that is, the information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) for purpose of making or obtaining payment for your care and conducting health care operations.

How do we use medical and dental health information?

Georgia Oral and Facial Surgery uses your medical and dental health information to pay dentists and other related service providers related to you medical or dental care for their service, and to conduct normal business known as dental care operations. We comply with all state and federal laws applicable to service provide to you, including any laws that impact our ability to use your health information for payment and operations.

Information We Share

There are certain limited times when we are permitted or required to disclose medical and dental health information without your signed permission. These circumstances are listed below:

To protect victims of abuse for federal and state health oversight activities such as fraud investigations.
For judicial or administrative process and proceeding as required by law or for law enforcement.

To medical examiners, funeral directors, and coroners as required by law.

To a correctional institute if you are an inmate or under governmental arrest.

For Workers Compensation if you are injured at work.

All other uses and disclosures may only be made with you signed authorization, and you signed authorization can be revoked by you at any time.

Our Responsibilities

Georgia Oral and Facial Surgery is required by law to:

Maintain the privacy of you medical and dental health record.

Provide this notice of our privacy practice and duties.

Abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain.

Your Rights

You have the right to:

Request that we restrict how we use or disclose your health information; however, we may not be able to comply with all requests for law purposes and service related issues mentioned above.

Request that we use a specific telephone number or address to communicate with you.

Inspect and copy our health information (fees will apply).

Request and accounting of how your health information was disclosed that excludes disclosure for treatment, payment, health care operations and some required disclosures, as well as disclosures that you authorize.

Obtain a paper copy of this notice even if you receive it electronically.

Financial Privacy Policy

We do not give your financial information to any person or persons not affiliated with Georgia Oral and Facial Surgery. It is important that you understand what financial information we gather and how it is used to provide you better benefits and services.

Financial Information: In order to provide your dental services we may gather financial information about you from you, your employer, your plan sponsor, or your dentist with respect to claims, co-payments, and premium payments.

Security: In compliance with state and federal standards, electronic, procedural and physical safeguards are in place to limit the collection and use of non-public information to the minimum necessary to provide you with quality products and services. Access to this information is limited to a need to know basis for our employees to perform their jobs. This applies to you whether you are a former or current member.