

## YOUR RIGHTS

This is protected information. Although your records are the physical property of Dr. Matthew J. Ricke, the information belong to you and you have have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your dental/health and billing record. (We reserve the right to charge you a cost-based fee for expenses such as as copies and staff time.)
- Request that we place additional restrictions on our use or disclosure of your dental/health information. We are not required to agree with these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
- Revoke your authorization to use or disclose information except to the extent that action has already been taken.
- Request your record to be amended to correct incomplete or incorrect information by submitting a written request to our office. The request must explain why the information should be amended.

## SPECIAL NOTE

Architecturally our office if basically an open office. Sound and conversations travel freely. We will keep conversations so that your rights are not violated, whenever possible. However, you must accept that there are limitations to our ability to do this at all times. If you have information that you wish to communicate to us in confidence, please let us know and we will go to a private area. Unless told not to do so, we will address patients by name when calling them from the reception room

## QUESTIONS AND COMPLAINTS

If you have any questions or concerns, or believe your privacy rights have been violated. you may contact us or file a written complaint with the Secretary of Health and Human Services at 61 Forsyth Street SW Suite 3B70, Atlanta GA 30303.



LAKE BOONE  
DENTISTRY  
RALEIGH

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH/DENTAL INFORMATION

This notice describes how information about you may be used and disclosed and how you can get access to this information.

Please review it carefully

Our office is committed to accurately keeping dental/health records. We treat and use this information responsibly. Such information may include documenting your health history, symptoms, examination results, treatment plans and objectives. it also includes billing and insurance documents for those services.

Dr. Matthew J. Ricke, DDS, PLLC  
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## UNDERSTANDING YOUR DENTAL/HEALTH

### RECORD/INFORMATION

Each time you visit Dr. Matthew J. Ricke DDS, a record of your visit is made.

Typically this record contains: examination results, symptoms noted, diagnosis, treatment performed, and a plan for future care or treatment. This record serves as:

- Basis for your care and treatment
- Means of communication with other health professionals associated with your care
- Legal documentation of case received
- Means by which you, a third-party payer can verify that services billed were actually provided

### OUR RESPONSIBILITIES

- Maintain the privacy of your dental/health information as required by the law.
- Provide a notice of our duties and privacy practices concerning the information we collect and maintain.
- Abide by the terms of this notice.
- Accommodate reasonable requests you may have to communicate information by alternative means.
- Notify you if we are unable to accommodate a requested restriction.
- Use or disclose your information when we are required to do so by law.

## USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health/dental information to a healthcare provider providing treatment to you.

Payment: We may use and disclose your health/dental information to obtain payment for services we provide you.

Your Authorization: We may use your health/dental information for treatment, payment, or healthcare operation and you may give us written authorization to use your information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your information for any reason except those described in this Notice.

## USES AND DISCLOSURES OF HEALTH INFORMATION

To Your Family and Friends: We may disclose your health/dental information to other people to the extent necessary to help with your healthcare, but only if you agree that we may do so.

To Persons Involved In Your Care: We may disclose your health/dental information to notify or assist in the notification of a family member, your personal representative, or another person responsible for your care, of your location, or your general condition. If you are present, then prior to use or disclosure of your information, we will provide you with an opportunity to object to this disclosure. In case of emergencies, we will use our professional judgement to disclose information as we see fit. We will also use our professional judgement and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, x-rays, or other forms of health information.

Appointment Reminders: We may use or disclose your health/dental information to provide you with appointment reminders (such as voicemail messages, postcards, or letters)