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NOTICE OF PRIVACY PRACTICES

Welcome to my practice!! Please take a few minutes to read through these guidelines.

Each time you visit the office, a record of your visit is made. This record contains your symptoms, diagnosis, treatment and plan for future care and treatment. It serves as the basis for planning your care and treatment. However, it can also act as a legal document describing the care you received and as a means by which you or a third party payer can verify that the services billed were actually provided. It may also be a means of communicating with other health professionals who contribute to your care. Understanding what is in your records and how your health information is used helps you to ensure its accuracy, better understand, who, what, when, where and why others may access your health information, and make more informed decisions when authorizing release to others.

Your Health Information Rights

Although your record is the physical property of Sonia Juneja, M.D., the information belongs to you. You have the right to:

- Request restriction on certain uses of your information
- Obtain a paper copy of the Notice of Privacy Practices
- Request communications of your health information by alternative means
- Revoke your authorization to use your health information except to the extent that action has already been taken or is required by law

My Responsibility

I, Sonia Juneja, am required to:

- Maintain the privacy of your health information
- Provide you with the notice of my legal duties and privacy practices with respect to the information I collect about you
- Abide by the terms of this notice
- Accommodate reasonable requests you may have to communicate health information by alternative means
- I will not use or disclose your health information without your authorization, except as described in this notice.

Communication, Scheduling and Appointment Policy

I do not have an office assistant. When you call the office, you will have to leave a message through an answering service. For non urgent calls, I will return the call no later than the next business day. Should you need to talk with me urgently, please call my office and leave a message with my answering service. I will make every effort to return your call within 4 hours.

However, I will not conduct a therapy session over the phone. If you feel you or your child is in danger in any way, please call 911 or go to the nearest emergency room. If you have an emergency such as a serious side effect to a medication or concerning symptoms, please call my office number and my answering service will contact me. Appointment requests may be made by calling my office phone. When you schedule an appointment, that time is reserved for you alone. I never double book as some practices do. Because of this, I require 48 hours notice to change or cancel an appointment or I must charge the full fee for the time (Monday appointments would need to be called about on the time preceding Friday). Any exceptions to this will be at my discretion.

Confidentiality

All communication between physician and patient is held in the strictest confidence unless:

- the patient authorizes release of information with a signature.
- the physician is ordered by a court to release information.
- child or elder abuse/neglect is suspected.
- I become concerned for the patient's safety or the safety of others.

In the case of safety concerns, I am required by law to inform authorities and/or potential victims.

Payment

My practice is a private pay outpatient practice. I do not participate with any insurance plans or managed care companies and am considered "out-of-network" or "non-participating." This allows me to practice psychiatry without any outside interference or administrative burdens.

Payment is due in full at each session. My practice accepts cash (correct change), checks and credit cards. I do not accept checks for the initial visits, please bring correct change and/or your credit card for the first initial appointment.

Patients may elect to seek reimbursement from their insurance company as most health insurance plans provide some outpatient mental health benefits. It is your responsibility to contact your insurance plan to establish if you have out-of-network benefits, what you will be reimbursed if you do, and how to submit your claim(s) directly to your insurance plan. I will provide you with a statement (receipt) reflecting all the relevant codes and information, including charges, payments, diagnostic codes, procedure codes and my Federal ID number.

Generally, you should be able to collect directly from your health insurer if you do the following;

- Keep your receipts - A receipt will be provided to you at the end of each session.
- File for reimbursement - Complete the insurance form provided by your insurance company, attach the receipt provided by me to this form, and send these documents to your insurance company, requesting that you be paid rather than the physician. If there is no place to specify paying you rather than the physician, write the following in red in on your insurance form: "Pay subscriber, not provider."
- Always retain a copy of the form and receipt that you send to the insurance company.

Prescriptions

It is my policy to provide prescriptions only during an office visit. I write prescriptions with sufficient refills to last until we are due for a routine scheduled follow up. It is in everyone's best interests for me to make a periodic reassessment in person before renewing a prescription. Usually, I am booked up to one month in advance, so schedule your follow up appointment as you leave or call for an appointment before you are down to a 30 day supply to avoid running out of the medication. I WILL NOT call or fax in any prescription for this reason, except for a small amount to avoid an interruption in medication. I make exceptions at my discretion in case of true emergency, prescription changes or other rare circumstances.

Other Providers

Since many psychiatric symptoms can be caused or exacerbated by medical illness, I strongly suggest that you have a primary care physician to consult so that medical causes of symptoms can be ruled out. If applicable, I will be happy to send a letter to your primary physician describing the evaluation, diagnosis, and treatment recommendations at your request and with your authorization.

Psychotherapy

I usually recommend psychotherapy as either a primary treatment or as an additional treatment along with medications. With your authorization, I will be happy to consult with your therapist if you already have one.

Hospitalization

I have an outpatient only practice and do not see patients in the hospital. Should you have a psychiatric illness that may require hospitalization, I will make every effort to help you coordinate your care with the hospital of your choosing. If an emergency arises, you should call 911 or go to the nearest hospital emergency room to ensure safety.

Problems & Communication

If you are experiencing any problems, either as a result of a treatment side effect or due to an issue in our therapeutic relationship, please do not hesitate to discuss it with me. You're well being is my highest priority.

Consent for Treatment

By your signature on the Patient Registration Form, you acknowledge that you are presenting yourself or your child to Sonia Juneja, M.D., for evaluation, diagnosis, and/or treatment of a medical or psychiatric condition. You give consent and authorize Dr. Sonia Juneja to order and/or perform all exams, tests, procedures, and any other care deemed necessary or advisable for the evaluation, diagnosis, and treatment of this medical condition. This consent is valid for each visit made to the office, unless and until revoked in writing.

By your signature, you acknowledge that you have read and understand the information obtained in this consent and the policies and procedures. You accept the terms of this consent and the policies and procedures of this practice.