

## Office Policies and Practices for Michael Juboori, M.D.,2019

*This document contains the office policies and practices of Michael Juboori, M.D. It includes the terms and conditions of the services she provides. It also includes declarations of the rights and responsibilities of her patients and the responsible parties who help pay for the services she provides to her patients. Please retain for your records.*

**Fees:** Dr. Juboori is not in-network for any insurance companies and she requires patients and/or identified responsible parties to pay up front for the services she provides.

**Payment is expected at the time of service unless other arrangements have been made.** She accepts cash or check (payable to "Michael Juboori, M.D."). There will be a \$25 fee for each returned check. Even if the patient's insurance company will reimburse the patient for part or all of the cost of care, the patient and all responsible parties are still responsible to pay up front for all services. If the patient or responsible party would like to request reimbursement from his or her insurance company, Dr. Juboori can assist him or her in this process, as further described in the document, "Patient Billing Form." Each patient and responsible party will regularly receive a statement reflecting the services that the patient received and the payments that the patient and responsible parties have paid for those services, as well as outstanding balances, if any.

**Non-payment:** Patients and responsible parties should notify Dr. Juboori if problems arise that impact their ability to pay for services in a timely fashion. The information for at least one valid credit card will be kept on file for each patient unless the patient and/or responsible parties do not possess a credit card. If payment is not received **within one week** of the date of service, the credit card on file will be charged the outstanding balance. If a patient has an outstanding balance that cannot be paid, I reserve the right to terminate services to the patient and to refer the patient to other providers.

**Cancellations:** If a patient needs to cancel a scheduled appointment, Dr. Juboori asks that he or she inform her of this via email or text as soon as possible. If Dr. Juboori is informed of the cancellation more than 48 hours before an appointment/initial consultation time, there will be no charge for the cancellation. If she is informed of the cancellation less than 48 hours before the appointment/initial consultation time, the patient or responsible parties will be charged 50% of the fee that would have been applied to the scheduled appointment. After 2 cancellations that occur within a 6-month period with less than 48 hours of notice, 100% of the appointment fee (instead of 50%) will be charged.

**Missed appointments:** Missed appointments with no notification given to Dr. Juboori will be billed at 100% of the appointment fee.

**Confidentiality and privacy practices:** Dr. Juboori is committed to protecting the privacy of my patients, legal guardians (if applicable), and the people who help pay for the services we provide ("responsible parties"). Dr. Juboori abides by all applicable laws and regulations related to protecting patient privacy and the privacy of legal guardians and responsible parties. Dr. Juboori takes the privacy of her patients and the privacy of legal

guardians and responsible parties seriously. Information provided as part her services to a patient is confidential except in the following circumstances:

1) **For treatment:** In order to provide and help coordinate care that meets current standards of acceptable medical practice, Dr. Juboori will, at times, need to communicate and share information, including a patient's mental health information or information about responsible parties, with the patient's other health care providers. These providers include, but are not limited to, the following:

1. the patient's psychotherapist(s) and/or counselor(s)
2. the patient's primary care provider(s)
3. other physicians, nurses, physician's assistants, nurse practitioners, and other health care providers who care for the patient
4. the patient's pharmacy/pharmacies
5. the patient's medical and/or hospital laboratory/laboratories
6. the patient's social worker(s) and/or community care agencies
7. hospital staff, if the patient becomes hospitalized.

2) **For payment:** Because Dr. Juboori does not accept payments from insurance companies, she generally does not communicate with them directly. In some circumstances and at a patient's or legal guardian's request, she may communicate with his or her insurance company to support his or her efforts to obtain reimbursement from them for services Dr. Juboori provides and for medications prescribed. For example, many insurance companies will not pay for certain mental health services without authorizing the services ahead of time. In order to acquire prior authorization, Dr. Juboori would typically have to submit information about the patient's care needs and prior treatments to his or her insurance company. Communications of this nature lasting more than 10 minutes per instance will be charged to the patient at the standard hourly rate.

3) **For friends, family members, and other social contacts who support a patient's health:** It may be important for a patient's friends, family members, or other social contacts to be informed about his or her health problems, health care providers, and current treatment(s), treatment plan options, treatment plan risks, and treatment plan benefits. At a patient's request and with the patient's or legal guardian's permission, Dr. Juboori will provide information about the patient's mental health and mental health care to these persons. Although responsible parties help pay for a patient's care, she cannot release information about the patient's mental health and mental health care to a responsible party without the patient's permission. At a minimum, however, she will ask the patient to allow me to communicate to the responsible party the following information about each service

we provide to him or her: date, time, type of service, fee, and amount of fee for which the party is responsible.

**4) For parents or legal guardians of minors:** Patients under 18 years of age are not legally entitled to the same confidentiality laws that apply to adult patients.

Therapy is most effective, however, when a trusting relationship exists between the patient and doctor. Dr. Juboori prioritizes the privacy of minor patients to optimize my work. While a patient's parent(s) or legal guardian(s) will be informed about a minor patient's health problems, current treatment(s), treatment plan options, treatment plan risks, and treatment plan benefits, Dr. Juboori typically does not reveal to parents or legal guardians the details of her psychotherapeutic interactions without the minor patient's permission unless necessary to do so to prevent harm (see 6 below).

**5) As required by law:** Local, state, and federal laws and regulations require the disclosure of private information in certain circumstances. Dr. Juboori must abide by these laws.

**6) To prevent harm:** Dr. Juboori is required by law and legal precedent to disclose private information if such disclosure will prevent or lessen a serious or imminent threat to the health or safety of a patient, another person, or the public. In such circumstances, she will generally be releasing private information to the police or another entity that is able to prevent or lessen the serious or imminent threat of harm. If she learns that a patient may seriously harm another person, she may be required by law and legal precedent to warn that person.

**7) To public health agencies:** Governmental public health agencies require physicians to release private information about patients in specific circumstances, including to prevent or to control certain infectious diseases and food-borne illnesses, to mitigate child abuse or neglect, and to mitigate elder abuse or neglect. Dr. Juboori must abide by these laws.

**8) To health oversight agencies:** As authorized or required by law, Dr. Juboori may disclose private information to governmental and other agencies responsible for the oversight, regulation, licensing, accreditation, and auditing of health care services.

**9) For lawsuits and other legal actions:** Dr. Juboori may be required to release private information in response to lawsuits, other legal proceedings, court or administrative orders, subpoenas, warrants, summons, or other lawful processes.

**10) With patient permission:** With a patient's or legal guardian's written permission, Dr. Juboori may release the patient's mental health information to any other outside party. He or she may revoke this permission at a later time; however, she cannot retract any information that has already been released.

**Medical records vs. psychotherapy notes:** For each patient, a medical record is created that documents the services provided to that patient, including the following: dates and times for each encounter; type of services delivered; reasons for each encounter; history,

examination, and diagnostic test results; risk and protective factors; assessments; diagnoses; treatment plan; treatment response; and billing and coding information (CPT and ICD coding). For individual and family psychotherapy patients, a separate set of

psychotherapy notes may be created, which are used to document and analyze the psychotherapy work. In the interest of maintaining the privacy and confidentiality of psychotherapy, the privacy of these notes is protected to a greater extent than medical records. Nonetheless, Dr. Juboori may be required to release these notes in certain circumstances, including the following:

- 1) As required by law
- 2) To prevent harm to the patient, another person, or the public
- 3) To agencies responsible for the oversight, regulation, licensing, accreditation, and auditing of health care services.
- 4) In response to lawsuits, other legal proceedings, court or administrative orders, subpoenas, warrants, summons, or other lawful process.

**Medical information rights:** Although a patient's medical records are the property of Esther Juboori, M.D., the patient, legal guardian, and/or responsible parties have the following rights related to the patient's medical records:

1. 1) *Right to inspect and copy:* With certain exceptions, a patient or legal guardian has the right to inspect and/or receive a copy of the patient's medical records. If the patient or legal guardian requests a copy of the patient's medical records, the patient and all other responsible parties will be charged, at the patient's doctor's standard hourly rate, for the time it takes to prepare the copies.
2. 2) *Right to request an amendment or addendum:* If a patient or legal guardian believes the patient's medical records are incorrect or incomplete, he or she may ask Dr. Juboori to amend the information or create an addendum to the records. This request must be submitted in writing that is dated, timed, and signed. Dr. Juboori may choose to deny the request, particularly if the record in question was not originally created by Dr. Juboori (e.g. copies of outside medical records or diagnostic tests that have been included in the record) or if she believes the medical record to be accurate and complete.
3. 3) *Right to an accounting of disclosures:* Each patient or legal guardian has the right, in certain circumstances, to have a list of the people to whom Dr. Juboori has disclosed the patient's mental health information. This request must be submitted to us in writing that is dated, timed, and signed. If a patient makes more than one such request in a 12-month period, the patient and all other responsible parties will be charged, at Dr. Juboori's standard hourly rate, for the time it takes to create the list.

4. 4) *Right to request restrictions*: Although, as listed above, Dr. Juboori may release a patient's mental health information to (1) other providers, (2) payors (e.g. the patient's insurance company), and (3) friends, family, and social supports, the patient or legal guardian may request that such information not be released to specific individuals in these categories. This request must be submitted to us in writing that is dated, timed, and signed. The request must include what

information he or she does not want released and to whom he or she does not want the information released. Dr. Juboori is not required to comply with such a request, particularly if the request interferes with the patient's care, the law, the patient's safety, and the safety of others.

5. 5) *Right to request confidential communications*: Each patient, legal guardian, and/or responsible party has the right to request that Dr. Juboori communicate with him or her in a way that maintains his or her privacy. For example, he or she may request that voice messages only be left at certain telephone numbers, but not at others. This request must be submitted in writing that is dated, timed, and signed. Dr. Juboori will accommodate all reasonable requests.
6. 6) *Right to receive a copy of this information*: Patients, legal guardians, and/or responsible parties have the right to receive a copy of this document. This request must be submitted in writing that is dated, timed, and signed.
7. 7) *Professional consultation and supervision*: Dr. Juboori may receive professional consultation and supervision from colleagues with expertise relevant to the care of her patients. This may include psychotherapy supervision groups. Dr. Juboori gives each patient or legal guardian the opportunity to indicate in writing whether or not she is allowed to disclose the patient's private information for the purpose of professional consultation and supervision. There is no penalty if a patient or legal guardian refuses to allow her to disclose private information for this purpose.

**Conduct outside the office:** To protect the privacy of her patients, legal guardians, and responsible parties, Dr. Juboori will not approach or greet her patients, the patients' legal guardians, or responsible parties if she happens to see them outside the office. Please do not be offended if she applies this policy to you; this measure is simply to ensure that your privacy is not violated.

**Care of minors (under 18 years of age):** To protect the safety of Dr. Juboori's patients and their families, no minor may be left unattended in the waiting area. For patients under 18 years of age, a parent, legal guardian, or adult chaperone chosen by the parent or legal guardian must accompany the patient to the waiting area and be available in the waiting area 10 minutes prior to the expected end of the appointment. Dr. Juboori must approve any absence of the parent, guardian, or identified adult chaperone from the waiting area during the appointment time.

**Communications outside the office:** If a patient, legal guardian, or responsible party needs to reach Dr. Juboori outside of scheduled appointment times, he or she should send her an email. She will reply to the email within one business day. Texting and cell phone services should be reserved only for truly urgent matters, including the following: to avoid severe side effects from medications or withdrawal symptoms; or to prevent hospitalization. For emergent matters, particularly to prevent harm to the patient or others, 911 should be called or the patient should go to the nearest emergency department. In these circumstances, a patient or legal guardian may also try to contact Dr. Juboori by cell phone, but she asks that no one wait for a return call in such circumstances before accessing emergency services via 911 or an emergency department.

There is usually no charge for brief email, text, or phone contact outside of scheduled appointment times; however, if an extended conversation (>10 minutes) is required, this service will be charged to the patient/responsible party at the standard hourly rate.

**Electronic communications:** Email and texting are not private forms of communication, but are more like a postcard that can be viewed by anyone with access to certain areas of the Internet and/or cellular system. Electronic communications should not be used for urgent or emergent matters, as Dr. Juboori may not check email or text messages frequently enough to respond in a timely manner. If a patient, the patient's legal guardian (if applicable), and Dr. Juboori agree to use electronic communications for routine issues (e.g. appointment times, medication refills, etc.), a separate Electronic Communication Consent Form must be signed by the patient or the patient's legal guardian.

**Vacations and unavailability:** Dr. Juboori will notify patients (and legal guardians, if applicable) in advance of any periods of time that she will be unavailable due to pre-scheduled vacations. She may not be able to notify patients (and legal guardians, if applicable) of other times of my unavailability that is the result of urgent or emergent matters. If she is unavailable for any significant period of time, the voicemail system message will contain instructions on whom to contact for assistance in her absence.

**Termination:** A patient may discontinue care with Dr. Juboori at any time. There is no fee or charge for discontinuing care. She reserves the right to discontinue her services to a patient and to refer the patient to other providers, particularly in the following circumstances: (1) if the patient, legal guardian (if applicable), and/or responsible parties are unable to abide by the terms and conditions of these services as indicated in this document and in other documents signed by the patient, legal guardian, and/or responsible parties in pursuit of care with Dr. Juboori; (2) if the patient and/or legal guardian (if applicable) is unable or unwilling to abide by the treatment plan developed between the patient and Dr. Juboori ; or (3) if the patient and/or responsible parties are unable to pay for services or care provided to the patient, as noted above.

**Changes to these policies and practices:** Dr. Juboori reserves the right to change the policies and practices listed in this document, and to make the changes applicable to any

information she already has or will receive about a patient, legal guardian, and/or responsible parties. The patient, legal guardian (if applicable), and responsible parties will be informed in writing or electronically of any changes that she makes.

**Questions and concerns:** If you have any questions or concerns about this document, please contact Dr. Juboori . If a patient, legal guardian, and/or responsible party believes his or her privacy or other rights have been violated, he or she may file a complaint with the Medical Board of California, Central Complaint Unit (Phone: 800-633-2322 or 916- 263-2382; Fax: 916-263-2435; [www.mbc.ca.gov](http://www.mbc.ca.gov)).