

Debra Haverson Psychotherapy Associates
Madison, NJ

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973-476-4503

Notice related to Emergencies, Scheduling and Communications

Emergencies. Every effort will be made to assist you, especially during crisis. While I am meeting with other clients or at certain other times, I may not be able to answer the phone. Please leave a voice message telling me how to contact you since I do not keep your contact information with me at all times.

You must agree to first call 911 or go to the nearest hospital Emergency Room for assistance any time you suspect you are in a crisis in which you or someone else may cause physical harm to self or others.

Other calls. I retrieve messages from my voice mail several times during the day at random intervals. Routine calls (for example, about scheduling) made after 6:00 p.m. and on weekends may not be returned until the next business day. If clients are late, I usually check voice mail to see if they have left a message regarding an emergency situation or day (e.g., sudden illness or traffic/car-related delay).

**PLEASE DO NOT CALL THE PHONE BETWEEN 10 PM AND 8 AM FOR ROUTINE MATTERS.
CALL DURING THESE HOURS ONLY FOR EMERGENCIES.**

Appointments. Therapy appointments generally end 50 minutes from the scheduled start of the appointment, regardless of your arrival time. I cannot always extend sessions since I may have other clients or commitments. 50 Minutes is what is known as a standard therapeutic hour, allowing the therapist to use the other 10 minutes to write the required progress notes.

Correspondence should be mailed to P.O. Box 416, Madison, NJ 07940. I check this box only about 2 times per week. No one is available to receive deliveries at the office space.

Email. If our initial contact was made by e-mail, please note that e-mail is not a confidential method of communication, therefore, I will not discuss clinical material via e-mail or text message for reasons of protecting you. I will use email to send you information or links to online resources, if you agree. If you wish to cancel or schedule appointments by email, you may do so. In addition, it violates your confidentiality to communicate with me via any form of an on-line social network such as Facebook or LinkedIn.

CLIENT PRINTED NAME

Client Signature

Date

PRINTED NAME OF Parent/Legal Guardian Signature (if applicable)

Parent/Legal Guardian Signature (if applicable)

Date