



Noam Koenigsberg, MD • 960 West 41st Street Suite 410 • Miami Beach, 33140 • (1)305-814-4992

Communication Guidelines

Client's Name: _____

1. I agree to only call and/or email between 7am and 9pm Monday through Friday. Phone conversations will be limited to less than 10 minutes.
2. In the event of a real emergency, I will call 911 or go to the nearest hospital/ emergency room for assistance. Once I am getting assistance, I will notify Dr. Koenigsberg by phone.
3. I understand that voicemail is checked once every 24 hours Monday through Friday. Voicemail and email are not checked on Saturday. Dr. Koenigsberg will have limited availability on Sunday for urgent (non emergency) clinical matters and it will be up to Dr. Koenigsberg's discretion of which matters over the weekend need to be dealt with on Sunday or can wait until Monday.
4. I will use email for concise communication of administrative issues such as rescheduling an appointment.
5. I will not use email to discuss therapeutic content or treatment. If I have a therapeutic question I need to call and speak to Dr. Koenigsberg about it on the phone and Dr. Koenigsberg has the discretion to address the issue over the phone or wait until next session to address the issue or schedule an earlier session that is agreed upon by client and Dr. Koenigsberg.
6. I will not include Dr. Koenigsberg in mass emails.
7. I agree that I will cancel or reschedule my appointments no later than 48 business hours in advance and if I am unable to do that I agree to pay for the missed/ cancelled or rescheduled appointment.

I have read and agree to these communication guidelines.

Client's Signature: _____

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Date: _____