



**Jessica Sauer, LCSW**  
**Brand New Day Counseling, LLC**  
924 North Magnolia Avenue #350 Orlando, FL 32803  
Phone: (407) 733-5392 • Facsimile: (407) 386-8237  
www.brandnewdaycounseling.net

## ACKNOWLEDGEMENTS

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

*By initialing each of the following and then signing below, I am acknowledging that I have read and understand as well as agree to adhere to the following policies. I also acknowledge that I have been offered copies of each to keep in my possession:*

| NAME OF POLICY/PAPERWORK COMPLETED                       | INITIALS |
|--|----------|
| 1) Acknowledgements                                      | _____    |
| 2) Client Demographics                                   | _____    |
| 3) Treatment Consent                                     | _____    |
| 4) Financial Policy                                      | _____    |
| 5) Notice of Practice Policies                           | _____    |
| 6) HIPPA Acknowledgement and Notice of Privacy Practices | _____    |
| 7) Authorization for Use or Disclosure of PHI            | _____    |
| 8) Telemental Health Informed Consent                    | _____    |
| 9) Insurance Waiver Agreement                            | _____    |
| 10) Good Faith Estimate                                  | _____    |

*These forms have been fully explained to me and I certify that I understand their contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding these forms fully.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Effective 12/22/2021