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

TELEMENTAL HEALTH INFORMED CONSENT

I (name of self or parent/guardian), _____, hereby consent to participate, or allow my minor child _____ to participate in telemental health services with Jessica Sauer, LCSW as part of psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different geographic areas.

I understand the following with respect to telemental health:

1. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.

2. I understand that there are benefits (including but not limited to easier access to care and the convenience of meeting from a safe location of my choosing), risks, and consequences (including but not limited to disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized person(s), and/or limited ability to respond to emergencies) associated with telemental health. I understand that my health care provider or I can discontinue the telehealth visit if it is felt that the videoconferencing connections are not adequate for the situation. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits have been addressed.

3. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.

4. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to the confidentiality applies (i.e., mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding; an insurance audit mandates disclosure of progress notes).

5. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.

Effective 12/10/2024

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6. I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, both parties will end and restart the session. If we are unable to reconnect within ten minutes, please call Jessica Sauer at (407) 733-5392 to discuss, since we may have to reschedule.

7. I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency, or when my safety is deemed to be at risk.

EMERGENCY PROTOCOLS

Your therapist needs to know your location in case of an emergency. You agree to provide the address where you are at the beginning of each session. An emergency contact person is also required to be listed, and only contacted on your behalf when your safety is called into question, and/or during a lifethreatening emergency. I authorize Jessica Sauer to contact this person in an emergency situation. My emergency contact person's name, address and phone number are:

_____
_____
_____

This form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully.

Signature/Relationship to Client_____ Date _____

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