



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

NOTICE OF PRACTICE POLICIES

Client Name: _____ Date: _____

Welcome to my private practice. Please read the following information and sign at the end to indicate you understand the policies and procedures of my office.

THERAPY AND COUNSELING SERVICES

Psychotherapy is not easily described in general statements and misconceptions can prevent people from seeking help. The job of the therapist is to help devise a treatment plan which assists in achieving goal(s). Sessions and services will vary depending on the particular problems you are experiencing and the collaborative efforts between the therapist and client. The goals for therapy which are developed with the therapist, are based on the client's needs and concerns, and are reviewed periodically to monitor progress. There are many different methods I may use to deal with the problems that you hope to address, including referrals for psychiatric services and/or medications, medical evaluations, couples counseling, etc. It is the client's job to "drive" the cart to the destination. Treatment calls for an active effort on your part, and in order to be most successful, you will want to work on items we talk about both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. After this evaluation period, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with treatment. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy and/or counseling involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have doubts about my procedures, we can discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. In addition, I reserve the right to refer you to more appropriate treatment options if I determine that your presenting concerns fall outside of my practice parameters and training.

RISKS AND BENEFITS OF THERAPY

With psychotherapy or counseling, there are benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. Sometimes a decision that seems positive for one family member will be viewed quite negatively by another. Do not hesitate to discuss counseling goals,

Effective 08/11/2021



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procedures, or your impressions of the services being provided with me. If you ever do not understand a suggestion or comment that has been made, please ask for clarification. Open, honest, and accurate reporting of dilemmas and concerns are vital to progress in therapy. Please remember that there is no guarantee of what you will experience.

MINORS AND PARENTS

For patients under 18 years of age who are not emancipated, their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapeutic treatment is often crucial to successful progress, particularly with teenagers, it is generally my policy to provide parents/caregivers only with general information about the progress of the child's treatment, and his or her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

SESSIONS

Regular attendance to therapy is vitally important to ensure progress with the concerns and issues that have been presented. Please make every effort to keep appointments and be on time. Each family, couple, or individual therapy session is fifty (50) minutes in length based on a standard professional hour. If you need to cancel an appointment, please call me at (407) 733-5392 at least 24 hours prior to the time of your appointment. If you do not cancel or show up for an appointment, then you will be charged a \$60 fee payable in full before the next scheduled session. After two missed appointments in a row, I will determine that you have chosen to seek services elsewhere and close your file. If you arrive more than 15 minutes late for a session, you may be asked to reschedule. If you arrive late for an appointment and are seen, keep in mind your time may be cut short in order to stay on schedule with others who arrive on time for their appointments.

FEES/PAYMENT

Fees, copays, or deductible payments are to be paid in full before the beginning of each session. I accept cash or credit card from my clients. Fees for therapeutic services and evaluations will be set with me prior to the first meeting. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation

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costs, even if I am called to testify by another party. I charge \$250 per hour *in advance* for preparation and attendance at any legal proceedings.

SAFETY

It is important that you and your children exercise appropriate caution, control, and safe behavior on the premises. If a child is outside, a parent or guardian must be present. Jessica Sauer, LCSW and Brand New Day Counseling, LLC are not responsible for any injuries that occur on the premises due to lack of parental supervision. If a child is under 16 years old and is attending individual or play therapy sessions, one parent or guardian must remain on the premises during the duration of the session. If the child is 16, he or she may drive him or herself after one parent/guardian signs consent to mental health treatment from. If a parent of a child 16 years of age or older leaves for the duration of the session, he or she must arrive back to the premises prior to ten (10) minutes before the end of the session.

CONTACT

I accept calls Monday through Friday, 9am to 6pm, on my confidential telephone line. If I am unable to answer, I make every effort to return calls promptly, but it may be up to 24 hours before I am able to return your call. Be advised that I am not on call 24 hours a day and do not accept calls after hours. If you are in crisis, it is your responsibility to call 9-1-1 immediately and/or contact a resource listed below. If you are unable to reach me and feel you cannot wait for me to return your call, please contact your family physician or the nearest emergency room and ask for the psychiatrist on call. I do communicate with clients electronically via email regarding scheduling only. No therapeutic issues are communicated via email due to confidentiality concerns. Email and text messages are not a secure or confidential method of communication.

Resources

Central Florida Behavioral Health Hospital – 407-370-0111

La Amistad Behavioral Health Services – 407-647-0660

Florida Crisis Hotline – 800-273-8255

Your Life Your Voice Teen Crisis Hotline – 800-448-3000

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TERMINATION

You have the right to stop counseling at any time. The client is expected to inform the therapist of the client's plans to discontinue therapy for any reason. The final therapy session is an important part of the therapeutic process and it helps to summarize the progress and appreciate the change and growth that has occurred. I may discontinue therapy at my discretion if the issues you are presenting fall outside of the parameters of my expertise or require more appropriate services.

CONFIDENTIALITY

You have a right to confidentiality and no information will be released without written consent except in the following circumstances: 1) If you disclose information in the course of evaluation or treatment which indicates a clear and present danger to yourself or specific other; 2) child or elderly abuse; 3) as mandated by law; 4) an insurance audit mandates disclosure of progress notes

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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