



Jessica Sauer, LCSW
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REQUEST FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I, _____ for _____
(Print Your Name as a Consenting Adult) (Print Name of Client)

authorize Jessica Sauer, LCSW of Brand New Day Counseling, LLC to transmit to me by non-secure media the following types of Protected Health Information related to my health records and healthcare treatment:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment (but not to include any financial or claims-related identifiers including, but not limited to, credit card numbers, insurance plan numbers, diagnosis codes, or procedure codes)
- Information in response to texts initiated by myself
- Other:

I understand that I may revoke this authorization in writing at any time, except revocation will not apply to information already retained, used or disclosed in response to this authorization. Unless revoked, the automatic expiration date will be upon termination from treatment or upon occurrence of the following event: _____

_____. I release the entities listed above, their agents and employees from any liability in connection with the use or disclosure of PHI. I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my Protected Health Information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.

I understand that Jessica Sauer, LCSW of Brand New Day Counseling, LLC makes available to me the following means of communication that are designed to be secure and to maintain confidentiality, although there is no guarantee regarding data breaches or hacking which are out of the provider's control: encrypted emails via Hushmail, online telecommunication platform via thera-LINK and Google Meet, in-app text messages via iPlum, individual phone calls and in-person sessions. I still choose to request and authorize the non-secure means of phone texts and Square payment receipts.

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 _____

Effective 12/10/2024