AUBURN BEHAVIORAL HEALTH, LLC

RISKS AND BENEFITS OF TREATMENT

In general, there are greater benefits than risks by participating in psychotherapy. Benefits include, but are not limited to feeling better about yourself or your relationship(s), learning new skills for addressing problems and challenges that life presents, improving self-esteem, resolving old issues that contribute to a confusion, insecurity, anxiety, depression, or simply bringing an end to repeating unsatisfying patterns of behavior again and again. Risks include the potential that your circumstances or relationship might feel like they're becoming worse before getting better, feeling uncomfortable about talking with a stranger about deeply personal matters, and/or experiencing a different outcome of treatment than you expected.

FINANCIAL AGREEMENT

An important part of the therapy process is commitment, both personally and financially. Fees for services are listed below:

\$150	Initial evaluation
\$140/hr.	Individual, couple or family therapy sessions
\$70/hr.	Group therapy
\$85	Appointments missed or not cancelled within 24 hours

By your signature below you authorize Auburn Behavioral Health, LLC/Sharlene B. McDaniel, M.S., LPC to file your insurance to offset the cost of services. If requested, I will provide an invoice you can submit to your insurance company for possible reimbursement if I am not a member of your provider network. Auburn Behavioral Health, LLC is not responsible for the decision of your insurance company to cover your treatment. If I file your insurance on your behalf, should the insurance company not pay, you are responsible for all applicable charges.

EMAIL, TELEPHONE AND TEXT MESSAGING POLICY

Telephone calls to the office will be returned within 24 hours. For psychiatric emergencies, call 334.332.4678 and leave a message. Your call will be returned within 1 hour. For life-threatening emergencies, call 911 immediately, or go to the nearest Emergency Room. Text messaging to the emergency number is allowed for brief communications; e.g., appointment changes or cancellations but is not a secure means of communication and your privacy cannot be guaranteed or considered confidential, should you choose text messaging or email communication.

CONSENT FOR TREATMENT

Having understood the limits of confidentiality as described in the Notice of Information Practices, and in consideration of the potential Risks and Benefits of treatment, the Financial Agreement necessary for services, and the policy regarding email, telephone and text messaging, I hereby grant consent for treatment under the umbrella of these conditions, with Sharlene B. McDaniel, M.S., LPC, Owner/Psychotherapist, Auburn Behavioral Health, LLC.

Client Signature