Palaia Professional Counseling PC

58 Vine St. Suite 206

Mountain Brook, AL 35213



David Palaia provides high-quality, affordable counseling services to individuals, couples, and families. I hold a Master's Degree in Mental Health Counseling from Montana State University, which has been accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP), and I am licensed in the state of Alabama as a Clinical Professional Counselor.

Please sign your name on the following page after you read, understand, and agree to the following. Please discuss any questions you may have with the counselor before signing.

I understand that my first session with David Palaia is evaluative only and does not imply that we have entered into a therapeutic relationship. I understand that treatment with David Palaia is completely voluntary and usually involves discussion of issues that are times uncomfortable. However, I also understand that this process is to help me personally and to help me resolve concerns I have about myself and with my family members, partners and other persons. I understand that my counselor may use different applicable treatment methods including discussion, education, relaxation, and visualization as well as recommend reading and other activities for outside the therapy session. I understand that my counselor is only there to help me explore and resolve difficult life issues and that my motivation and participation in this process are essential. I understand that my counselor cannot guarantee improvement of my situation, and at times I may feel worse before feeling better. If at anytime this process feels too intolerable, I will discuss this with my counselor. I also understand that although our sessions will involve discussing things of an intimate nature, I realize that we have a professional, rather than personal, relationship and that my relationship with my counselor will be limited to our sessions together. I understand that giving gifts and/or socializing with my counselor is inappropriate. I understand that if I see my counselor outside of session, he will not initiate contact with me and that it is inappropriate to discuss therapeutic matters with him.

I understand that all identifying information about my assessment and treatment is kept confidential. However, I also understand that information about my case may be shared with other licensed mental health professionals for treatment purposes only and that my name(s)

and any other identifying information will not be shared. In order to protect confidentiality, any written, telephone, or personal inquiries about clients will not be acknowledged. I understand that I must give verbal and written agreement before any identifying information will be revealed to anyone. Further, I understand that there are four conditions under which my counselor may breach confidentiality without my permission: 1) in the case that he has reason to believe that I am at risk of doing serious harm to myself, 2) in the case that he has reason to believe that I am at imminent risk for doing harm to others, such as committing a serious legal offense (e.g. homicide), 3) in the case that he has reason to believe that a child under the age of 18 is being\has been physically abused, sexually abused, or neglected by any person or that there is suspected abuse of an elderly or disabled person, 4) in the case that he is ordered to do so by a judge in a court of Iaw. I give my consent for my counselor to contact ANY PERSON in a position to prevent me from doing harm to myself or someone else including but not limited to the police, a physician, family member, close friend or other mental health professional.

I understand that personal information will be entered into my file in written form. My file will be kept confidential and is subject to the same limits to confidentiality as noted above. In the case of couples or family therapy, I understand that my counselor will keep one file to be accessed by any of the clients upon request. If for some reason there is a need to share information in my file with someone (e.g. another mental health professional with whom I am working, physician, etc) I will first be consulted and asked to sign a release of information form. If I have any questions about confidentiality, I will discuss them with my counselor.

Further, I understand that after-hours services and emergency services are not available from David Palaia. My counselor may not be able to return phone calls immediately or schedule immediate treatment. If I have such an emergency and am unable to contact my counselor, I can call 911 or go to the emergency room. I understand that if David Palaia determines that he is unable to meet my needs for whatever reason, I will be provided with the referral information for other mental health professionals.

I understand that David Palaia charges \$100 per session. I understand that payment for services are due in full at the end of each counseling appointment. I will notify my counselor 24 hours in advance should I need to cancel or reschedule an appointment. I understand that I will be billed at half my normal rate for not showing up for an appointment without notification or if I cancel within 24 hours of the appointment time. I understand that non-payment could be a reason for termination of counseling. understand that my time missed due tardiness can not be added to my session. I understand that if I wish to have my insurance billed, my counselor will fill out the necessary paperwork and that I will be responsible for any co-payments, deductibles, etc. Health insurance companies usually require a diagnosis for a mental health condition in order to reimburse for services. I understand that this diagnosis will be included in my insurance records if I choose to use my insurance for payment. Further, should there be any reason for David Palaia to testify in a court of law or give a deposition in any case regarding a client past or present, the rate for this will be two times the normal session rate regardless of fee scaling or insurance which amounts to 200 dollars per hour for time in court and three times (300 dollars) for time giving testimony or deposition. Also should a court matter be involved, I understand that David Palaia will require a 500 dollar retainer paid in full in advance of court testimony or

deposition. I also understand that David Palaia reserves the right to charge for phone calls made after hours unless the call is an emergency due to suicidal, homicidal ideation and\or psychotic episode which may require a referral for inpatient psychiatric care.

I understand that I may leave therapy at any time, although I agree to discuss termination with my counselor at a regular counseling session, not by telephone. Sessions are 50 minutes in length and typically occur on a weekly basis. If at any time I am dissatisfied with these services, I will let my counselor know. If he is unable to resolve my concerns, I can report complaints to the Alabama Board of Examiners in Counseling at 950 22^{nd} St. North Suite 765, Birmingham AL 35203. My counselor has answered all my questions about treatment to my satisfaction. If I have any further questions, I understand that my counselor will either answer them for me or find the answers for me. I have read,

understood, and agreed to the terms and content of this document.

Client 1 Signature	Date
Client 2 Signature	Date
Parent\Guardian	Date
rarentouardian	Date
Witness Signature	Date