

**BurdsNest:****Contemplative Counseling**

Alan Burd, MEd, MA, LPCC-0016260

Mental Health Counselor

Spiritual Counselor

Life Consultant

(970) 218-3381 alan@burdsnest.net

Client Information:

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone: _____ (Home) _____ (Mobile)

OK to Leave Message? Y / N

Y / N

Texts: Y / N

Email Address: _____ OK to email appt info? Y / N

Birth Date: _____ Age: _____ Social Security Number: _____

Also under the care of: _____ Phone: _____

Would you like us to collaborate? Y / N

Education: _____ Occupation: _____

Employer: _____

Partner/Spouse Name: _____ Education: _____

Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Briefly describe why you are seeking services:

How is the above effecting your life? (Symptoms - Physical/Mental/Emotional):

Briefly describe any past history of counseling, medications, and relevant medical treatment:

Office at The Orchard 1918 S. Lemay Ave, Fort Collins, CO 80525 970-218-3381 office phone
www.burdsnest.net alan@burdsnest.net

DISCLOSURE STATEMENT

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy, including psychologists, social workers, and professional counselors. Any questions, concerns, or complaints regarding the practice of Mental Health specifically for licensed and unlicensed psychotherapists may be directed to:

Department of Regulatory Agencies (DORA) Mental Health Section
1560 Broadway, Suite 1350 Denver, CO 80202
(303) 894-7766

Credentials/Relevant Trainings

Licensed Professional Counselor Candidate (LPCC.0016260)

Licensed Professional Educator (100495)

EMDR Basic Training - EMDRIA

DBT Skills Training Course – The Lineham Institute: Behavioral Tech.

ASIST/Applied Suicide Intervention Skills Training – Living Works

Master of Arts - Clinical Mental Health: Contemplative Psychotherapy and Buddhist Psychology -
Naropa University

Master of Education: School Administration – Lamar University

Bachelor of Arts: Spanish – Sam Houston State University

Client Rights and Important Information

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section (listed above). There will be no sexual intimacy in our relationship.

Confidentiality

The information provided by and to you during therapy sessions conducted by a licensed psychologist, licensed social worker, licensed professional counselor, or unlicensed psychotherapists is legally confidential, therefore I cannot be forced and must not reveal any information without your prior written consent. Colorado statute C.R.S. 12-43-218 sets the limits of confidentiality. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107. Some of the cases in which I am required by law to reveal information include:

- If you provide me with information about neglect, abuse or suspected abuse of a child, elder, or anyone unable to care for themselves.
- If you tell me that you intend to harm yourself or someone else, I must inform the authorities and warn the individual you may harm.

- If I receive a court order from a judge.
- If you refuse to pay your bill and decline to make arrangements with me to pay an outstanding balance, then I can reveal to a collection agency or to the courts the fact that you *received professional services* from me, the *dates of those services*, and the *amount owed*. However, I will not reveal type of service or any other specifics of interventions received.
- Other cases I will identify to you as they arise.

For more information on privacy, please read the Notice of Privacy Practices provided in the office and/or download a copy of this document and the Notice of Privacy Practices from: <http://www.burdsnest.net>

Consultation

To provide the highest quality of service to you, I meet with Chuck Hancock (LPC-11179), a professional supervisor, on a monthly basis. If you would like to speak with my supervisor for any reason, he may be reached by phone at (970) 829-0478 or by email at chuck@innerlifeadventures.com. In these meetings, I may discuss aspects of our sessions, but would never reveal your name or any other identifying information. If you would like, you may request that I disclose the names of any potential counselors I would consult with. If you do not consent to me consulting about our work, you must make this request in writing.

Email and Text Correspondence

Email and text correspondence is convenient but not guaranteed secure, and can be read on your device or in transit by people other than the intended recipient. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept or eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to: People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages; Your employer, if you use your work email to communicate with me; Third parties on the Internet such as server administrators and others who monitor Internet traffic. I will ask for permission before emailing you confidential information. You are responsible for the information you email to me and understand these risks. I use text messaging on a limited basis for appointment reminders and scheduling issues only. Text is not an appropriate form of communication for therapeutic issues or emergencies. Please do not text outside of regular business hours.

I understand the risks associated with electronic communication and I do _____ / do not _____ (mark one) wish to use email or text to communicate. _____ (initial)

Emergencies and Crisis Situations

My current office hours are 9:00am to 5:00 pm on Mondays and Wednesdays – Fridays, with Monday and Wednesday Interpersonal Process Groups from 5:30 – 7:00. During office hours, I can be reached through voice mail. I return calls usually within 24-48 hours during regular business hours. The time I have available to phone calls is usually limited to 5-10 minutes. I

cannot return emergency calls after hours. **If you have an emergency or crisis, please contact 911, the Poudre Valley Hospital Crisis Assessment Center at 970- 495-8090, or Summit Stone Crisis Center at 970-494-4200** to gain access to a crisis counselor immediately. If you routinely need contact between our scheduled sessions, a referral to a higher level of services may be needed.

OVERVIEW OF SERVICES AND FINANCIAL AGREEMENT

I understand that people have diverse needs in the counseling relationship. Diversity is an inherent aspect of humanity and I believe that all persons deserve to be heard, validated, and feel supported. Because of this, I offer different services. Please indicate which format best suits your needs (we can discuss these options further, at any time):

_____ **Spiritual Counseling:** non-denominational, psycho-spiritual counseling; intended to support integration of clients' spiritual orientation as part of overall Life Fitness; Alan Burd is ordained by The Church of Spiritual Humanism and is committed to meeting clients in their personal spiritual space without dogma or an agenda...other than health; regular session are suggested.

Fees: **Pay-What-You-Can** (\$10-\$30 a session is suggested...but pretty rocks are good, too)

_____ **Contemplative Counseling / Psychotherapy:** Alan Burd is a clinical mental health professional and offers a range of skill sets and therapeutic modalities to support clients' in their work on mental fitness; Alan Burd has a humanist orientation, in which client and counselor meet as human beings, first and foremost, and the course of therapy is customized to meet individual clients' needs; regularly scheduled sessions are recommended.

Fees: Base fees are given – sliding scale as needed – no insurance accepted

My base-rate for professional mental health counseling and psychotherapy is currently **\$60 per clinical hour**, which includes 45 to 50 minutes of face-to-face time either in office, a natural area, or via encrypted video conferencing software (Skype). All counseling/consultation meetings include an additional 45-50 minutes of record keeping and treatment planning per session.

Other specific fees and service options include:

1.5 Hour Sessions - \$90.

1 Month Prepaid Standard Clinical Hour - 4 sessions - \$180.

1 Month Prepaid 1.5 Hour Sessions - 4 session prepaid discount - \$25

Payment is due at the time of services rendered and can be paid with Venmo, cash, check, or debit/credit card. Credit and debit cards are assessed a 4% processing fee unless processed immediately at the end of session, in office. Returned checks will be assessed any bank fees incurred. Administrative tasks requested by you such as writing a letter, communicating with a 3rd party, creating a release of information, treatment summary, etc will be billable at the same

rate in 1/4 hour increments. Prepaid sessions offer a discount and minimize the time spent dealing with payment in session. Monthly prepaid sessions will expire if not used before 40 days from purchase unless scheduling conflicts arise and are discussed prior to absences. Prepaid sessions are *non-refundable* unless request is made in writing and an in person meeting to discuss reason for termination is completed. It is my policy to not get involved in clients legal matters. Any legal involvement including court appearances including but not limited to travel, preparation, and documentation time are billable at \$350 per hour. If you demonstrate a clear need and desire to engage in services and cost is the only barrier, a reduced fee may be available based on income and availability.

Payment and Cancellation/No Show Policy

Payment is due at the time service is provided. We require 48 hour notice in order to cancel an appointment. If you cancel in less than 48 hours we most likely will not be able to fill your slot and we will charge your card a late cancellation fee of \$30 or a no show fee of \$50

As part of my practice policies, I ask my clients to keep a credit card on file. You may use this card to pay for services if you would like. I will NOT charge this card without your permission, *except* in the following cases:

- 1) Late cancellations that are not a result of an emergency or illness will be billed at \$30.
- 2) Appointment no-shows (with no communication prior to missing the appointment) will be billed at \$50. Please be sure to cancel at least 48 hours in advance of any session you expect to miss. Email, text, or voice messages are all acceptable forms of communication. Carrier pigeon, while precious and cool, is not.
- 3) Your bill is more than 90 days past due, without alternative arrangements in place.

I, _____, authorize Alan Burd to use my credit/debit card information to charge my credit/debit card. I understand that this card will be charged automatically for late cancellations, no-shows, and past due balances over 90 days.

☐ Check this box if you would also like for me to manually charge your card for regular session fees/copays (and not just late cancellations or outstanding balances) on a recurring basis.

_____/_____
Expiration Date Security Code Billing Zip Code Credit/Debit Card Number

I understand I am responsible for the agreed upon amount for services which is due at the time of service. I understand and agree to the Payment and Cancellation/No Show policy above. I understand that my card will be charged for late cancellation or no show appointments. Your initials below indicate understanding and consent to this policy.

For services provided, we agree to exchange \$_____ per session / month.

Client Initials: _____ Therapist Initials: _____.

Availability

You may leave a confidential voice mail message 24 hours a day at **(970) 218-3381**. For non-confidential matters you may also email **alan@burdsnest.net**. We are not available 24 hours per day 7 days per week. You can expect a response within 2-4 business days. ***Summit Stone operates a 24/7 walk in crisis center at 1217 Riverside Ave., Fort Collins or you can call them at 970-494-4200.*** If you have a true emergency you will need to contact more appropriate emergency services. Please **call 911** or go to your local hospital.

Session Notes/Homework

We suggest you jot some notes or journal about the session especially any new insights or things you get curious about. We do the same. From time to time we will ask you to think about specific things or try new behaviors or exercises during the week to reinforce and continue building on our work in session. You will get the most out of this work if you stay engaged outside of our sessions. Bringing a journal into session with you is a potentially helpful therapeutic tool.

Records

Your records will be stored safely with attention to your privacy for at least 10 years as required by Colorado Statute. They will only be released with your written permission. It is my policy to not release an entire record, even with your consent. A release would summarize the content related to the request. You will be granted reasonable access to your record. You may request, in writing, an amendment to your record. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the recordings.

Termination

Termination will usually be agreed upon mutually, but know that you are free to terminate services at any time. However, we will need to terminate services without your agreement should payment agreements not be met or if your needs are outside our areas of training and competency.

It is best if the ending is intentional and communicated well. If you believe these services are not meeting your needs, you can communicate that directly and give reasons. Often, your needs can be met with some adjustments, and actually this can be part of the therapeutic process. Or at the very least an appropriate referral can be made to ensure you keep growing. When it's time for us to end or suspend our work together, if necessary I may request a final, closure session at **no cost** to you to review where we've been and what worked (and didn't) in our sessions. I welcome feedback during our sessions, and we'll sometimes pause working on goals and take stock of progress and how sessions are going to check-in with each other about how sessions

feel and how they match both of our expectations. Healthy communication about relationship is important both in your life and between the client and therapist.

Unless other arrangements have been made in advance, if you miss or do not schedule appointments for three consecutive weeks without any communication, for legal and ethical reasons, I must consider the professional relationship discontinued. I may then take on another client and may not be able to continue working with you. Please communicate explicitly about desire to continue with the professional relationship or to terminate.

Relationship/Communication

It is our hope that we will be able to develop open and healthy relationship and communication where all of the terms of services, any interpersonal concerns between client and therapist, as well as any topics from your life. We hope that you will feel that nothing is off limits to talk about, especially anything occurring in the professional relationship. If you have any questions or concerns about services, terms, therapist qualifications, methods, or professional relationship, please ask. The number one predictor of a successful outcome is a good relationship.

Use of Touch

Occasionally, touch may be used to facilitate the process of body-centered psychotherapy. Touch in psychotherapy is always part of the therapeutic process, it is only used with permission and is never sexual in nature. Touch is used in such techniques as "taking over," (where the therapist physically holds tensions that the client chronically holds in his or her body as a means of self-containment), and as physical support during times of emotional and traumatic discharge. Examples include a supportive hand on a shoulder, knee, or hand. Consent to touch is not a one time agreement, the therapist will *always* ask first before initiating touch. You can always decline in any moment. Please feel free to discuss this openly with me if you have questions.

I understand and consent to the above regarding touch as it is used in the process of body-centered psychotherapy. I understand I can verbally withdraw consent at any time. I understand touch can be helpful, but is not necessary for effective therapy.

_____ Initial if you Consent to Touch (*Leave blank if you **do not** consent to touch.*)

I have read, understand, and have been given a copy of all paperwork (if requested) including the State of Colorado Disclosure statement, Overview of Services and Financial Agreement, and Notice of Privacy Practices. I understand that I am able to ask any questions about my rights and responsibilities as a client and the therapeutic process at any time. I have read all preceding information and understand my rights and responsibilities as a client, I consent to engage in the services as outlined, and I agree to the financial agreement.

Client Signature

Date

Parent or Guardian Signature
(required if under 15 yrs old)

Date

Therapist Signature

Date

Acknowledgment of Receipt of Notice of Privacy Rights

I, _____, acknowledge that I received a copy of the
(Client Name)
Notice of Privacy Practices for Alan Burd, LPCC DBA Burdsnest.

Signature of Client or Personal Representative

Date

If not the client, please print name and state legal authority to sign for client.

----- For Practitioner Use Only -----

I attempted to obtain written acknowledgment of receipt of Notice of Privacy Practices, but acknowledgment could not be obtained because:

____ Individual Refused to Sign
____ Communications Barriers Prohibited Obtaining Acknowledgment
____ Client Was Incapable of Signing
____ Other (specify) _____

Practitioner's Signature

Date