

Recovery Awareness LLC.

Burton D. Burt, RMHCI, MCAP, ICADC, SAP, SAE

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### **Philosophy and Approach to Therapy**

As a Master Certified Addiction Professional, I view addiction as a disease, a chronic dysfunction of the brain system that involves reward, motivation, and memory. I approach therapy from a Person-centered perspective. Motivational Interviewing (MI) is based on the idea that a collaborative therapeutic relationship facilitates client motivation to reduce substance use or other harmful behaviors. MI embodies four connected processes: Partnership, Acceptance, Compassion, and Evocation (PACE).

Although I am more MI oriented, I support a comprehensive approach based on the clients needs. I possess tools that are customizable to the distinctiveness of every client I provide services for. These tools may include, motivational interview techniques, journal exercises, goal setting, homework assignments, and family member inclusion in the therapeutic process.

I am committed to providing you with a safe and compassionate environment in which we can address your needs. My role is to observe without judgment, inquire, and provide feedback to assist you in processing your thoughts, emotions, choices, and desired outcomes. It is a priority of mine that you feel understood, connected, and engaged in the therapeutic process and involved in making therapy an effective and productive experience.

### **Education and Training**

#### *Degrees/Certifications:*

M.S., Addiction Counseling, Grand Canyon University, 2019

B.S., Psychology, Thomas University, 2015

A.A., Liberal Studies, Thomas University, 2013

#### *Licenses/Credentials:*

Licensed Registered Mental Health Counselor Intern, #IMH 20234, 2020

Master Certified Addiction Professional, #MCAP0100735, 2019

Internationally Certified Alcohol & Drug Counselor, #ICADC0827177, 2019

Substance Abuse Professional, #174098, 2021

Substance Abuse Expert, #20-256311, 2022

To become a Registered Mental Health Counselor Intern, I was required to earn a master's degree, provide my official transcripts and practicum letters, and obtain a qualified supervisor. I completed these requirements working as the Clinical Director at Buprenorphine Treatment Centers, Inc. in Gainesville, FL where I provided individual and group therapy, as well as provider supervision. In order to become a fully Licensed Mental Health Counselor (LMHC), I am required to complete an additional 21 semester hours of graduate level coursework to meet the requirement of 60 semester hours. The additional credit hours must include 3 semester hours in specific content areas: Human Growth and Development, Human Sexuality, Career and Lifestyle Assessment, and Research and Program Evaluation. I'm also required to complete a 2-year supervised internship and pass the National Clinical Mental Health Counseling Examination. These requirements will be fulfilled mid-2023.

**Financial responsibility, Services Provided, and Fees**

It is your responsibility to provide our office with complete and accurate billing information at the time of service. You agree to be responsible for payment of all services rendered. For your convenience we accept MasterCard, Visa, Discover, and Cash.

\*I reserve the right to change my fees once a year each January 1st. If any changes do occur, you will be notified at your next appointment. If you would like a receipt to submit to your insurance company, out-of-network, please let me know during the intake/initial session.

Initial Assessment/Consultation/First Session (60-75 min)	\$125
Individual therapy (50 min)	\$95
Individual therapy (75 min)	\$125
Couple's Counseling (50 min)	\$125
Family Counseling (75 min)	\$150
Group Therapy (50 min)	\$25
Substance Abuse Evaluation (75 min)	\$250
DOT SAP Evaluation (100 min)	\$500

**Other Fees**

Missed Appointment/Late Cancellation (less than 24-hr notice)	\$75
Records Request	\$35
Legal/Court related fees (prep time, transportation, testimony)	\$250 per hour

\*\* (4-hour minimum (\$1000) will be required as a retainer for all legal/court related services. A credit will be given of the time not used, if total legal/court related time spent is less than 4 hours.

### **Cancellation Policy**

If you are unable to keep an appointment, you agree to notify me at least 24 hours in advance. If such a notice is not received within that timeframe, you will be responsible for the fees outlined in this document. Please be aware that sometimes texts and voicemails fail to go through, so I recommend that you provide multiple forms of communication.

### **Limits to Confidentiality and Privacy**

Privacy and confidentiality are important for a trusted exchange of client/clinician information.

Privacy and confidentiality are also subject to federal law. Recovery Awareness LLC complies with all confidentiality guidelines and the Health Insurance Portability and Accountability Act (HIPPA). This protection of confidentiality also protects the records of mental health, alcohol, and substance abuse clients.

Furthermore, in compliance with federal laws, Recovery Awareness LLC is required to breach confidentiality in the following circumstances:

- Suspected or known child abuse or abuse of vulnerable adults to law enforcement and/or local protective agencies.
- Specific information to local law enforcement in situations where a client is at risk for harming themselves or others.
- Release your records for legal proceedings if ordered by a court to do so.

Recovery Awareness LLC uses security encrypted (SSL) transmission for all professional assessment and counseling services completed online. All client records are stored on encrypted secure servers where access is limited. Identifying names are not used by the evaluator if discussing client circumstances with a professional supervisor.

### **Use of Email**

Unless you specifically request that your Recovery Awareness LLC assessment report or other private information be sent via mail you consent to the following:

- To receive your report by email with an understanding that use of email does involve security risks and that Recovery Awareness LLC and its associates are not liable or responsible for breeches in your privacy which may happen for any number of reasons.

- That you agree to specifically make request in writing (email is acceptable) if you do not wish for your report or other private information to be sent by us in an email.

### **Social Media and Telecommunication**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **In Case of Emergency**

I do not provide any emergency therapeutic services and cannot promise that I will always be available. In the case of a medical and/or behavioral emergency, if I am not available, please contact 911 or go to the local emergency room and request the psychiatrist on call.

National Suicide Prevention Lifeline: 1-800-273-8255, <https://suicidepreventionlifeline.org>

### **Client's Rights / Complaints Procedure**

As a client of Recovery Awareness LLC, you have the following rights:

- to be entitled to respect and dignity in an environment that affords security and privacy;
- to receive services that are protected under the laws of confidentiality and to receive a Privacy Notice as well as other information concerning your rights in regard to the use, storage, and disclosure of healthcare information;
- to know the reasons for or purpose of the services provided and to consent to receiving these services;
- to receive an individual evaluation and treatment based upon your needs, abilities, and goals, including your active participation in the development of your individualized treatment plan;
- to ensure that your needs and preferences are not neglected and to receive any information needed to make informed decisions concerning the services you receive;
- to be assessed fees on an equitable basis;
- to review your records upon reasonable request and as provided by law;
- to refuse treatment or withdraw from services at any time;
- to be free from physical abuse, sexual abuse, harassment, and physical punishment imposed by program employees;

- to be free from psychological abuse, including humiliating, threatening, and exploitive action on the part of program employees;
- to be free from fiduciary abuse associated with program employees holding in trust anything of value that belongs to you;
- to be informed of and treated in compliance with federal and state regulations; and
- to receive assistance in facilitating a referral to recommended services.

Please share any questions or concerns you have with me about your therapeutic experience. I abide by the ACA Code of Ethics (<https://www.counseling.org/resources/aca-code-of-ethics.pdf>). If you feel I have been unethical or my behavior has not met professional standards, you may contact: Department of Health, Mental Health Professions, 4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32399-3258 / 850.245.4111 <<https://floridasmentalhealthprofessions.gov>> Florida Certification Board, 1715 S. Gadsden Street, Tallahassee, FL 32301 / 850.222.6314 <<https://flcertificationboard.org>>

### **Termination**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

### **Acceptance of Terms**

By clicking on the checkbox below I am agreeing that I have read, understood, and agree to the items contained in this document. I certify that I have been informed of my therapist's degrees, credentials, certifications, and licenses, and of education, experience and training required in obtaining them. The information has also been provided to me verbally, if requested by me. I have had an opportunity to read the preceding information and to ask any questions of my therapist about the statements in this disclosure form. I understand my rights as a client.