



KEVIN ALBERT, PSY.D., P.C.

TO MY CLIENTS

Welcome to my practice, Dr. Kevin Albert, Psy.D.,P.C. I provide a range of psychological help to children, adolescents, adults, couples and families in a private clinic setting. I want our communication to be open and for you to feel free to ask questions. This pamphlet contains information about my practice, services and policies.

KEVIN ALBERT, PSY.D., P.C.

PARENTAL RESPONSIBILITIES EVALUATION

CONTRACT OF SERVICE

_____/_____/_____
Last Name, First, Middle Initial Birth Date

Address City State Zip Code

Home: () _____ Work: () _____ Cell: () _____

E-mail: _____

Name of Employer: _____ Phone: () _____

Name of Attorney: _____ Phone: () _____

Attorney's E-mail: _____

I agree to abide by the procedures outlined in the "Parental Responsibilities Evaluation Agreement." I have also reviewed and agree to policies covered in the following documents: "To My Clients," "Policy as Regards Release of Psychological Test Data," and "Policy for Court Appearances" I understand that preparation for and testimony in court is billed separately from other evaluation charges.

I understand \$5,000 is due at the start of evaluation. I am responsible for (all, zero, or if a percentage, specify the amount) _____. **If the evaluation is terminated before the final report is issued, I understand I will be responsible for \$500.00 plus any charges that have been made up to that point.** All evaluation work except court testimony (see separate policy for court appearance) will be billed at \$225.00 an hour (50 minutes). **Evaluation costs generally range from \$6,000.00 to \$14,000.** Each case is unique and it is difficult to determine the total cost at the outset of the evaluation. We will discuss our best estimate once I understand the scope of the evaluation. Some of the tasks that can add additional costs are: Assessing a child's relationship with an extended family member; reviewing extensive documents from protracted litigation or medical/psychological treatment; or home visits outside of the Denver metro area, and the associated travel time.

My responsibility for the percentage of payment of the evaluation costs **after** the initial \$5000.00 retainer, is _____.

I understand that the costs of the evaluation must be paid in full before the evaluation report is released. If, for some reason, my bill is not paid in full, the following policies will apply. Any unpaid balance that is not received within 60 days after the date of billing will accrue a monthly late charge of 1.5% of the unpaid balance. **If you choose to pay with VISA or MasterCard, a 3% fee will be added.** If you do not pay outstanding fees, Dr. Albert will request a judgment, file a contempt citation, or make use of a collection agency and you will be responsible for any fees he, or his attorney, incur in pursuit of payment.

Client Signature: _____ **Date:** _____

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PARENTAL RESPONSIBILITIES EVALUATION AGREEMENT

To assist parents, attorneys, and judges in parental responsibilities and parenting time disputes, Dr. Kevin Albert provides a comprehensive psychological and interpersonal family evaluation. **The goal in an evaluation is to provide recommendations describing a constructive situation for maximizing the child's relationship with each parent. The aim is to preserve the opportunity for future relating between each parent and child.**

Dr. Albert is an impartial expert either appointed by the court or stipulated to by the parties. Dr. Albert has extensive clinical experience in "custody" evaluations. He has been active in the field through written and seminar presentations on child custody issues as well as serving actively for the Metropolitan Denver Interdisciplinary Committee (MDIC).

In divorce evaluations, the traditional rules of confidentiality in psychotherapy do not apply. For example, in an effort to learn about a family, there is often a need to discuss comments made by one party with other family members. This allows the opportunity to better understand what has taken place in the family. Such disclosures are made after careful consideration of the family situation. The final report will contain all information used in formulating the conclusions and recommendations.

THE EVALUATION PROCESS

The evaluation begins with meetings with each parent during which any questions about the evaluation process are addressed. There is a discussion regarding whom to interview (e.g., grandparents or significant others in the family). Each parent signs a contract of service which clarifies payment responsibilities.

I. Intake and Personal History Questionnaires and Autobiographies

As part of the information gathering process the parents are asked to complete two questionnaires. "The Parental Responsibilities Evaluation Intake Questionnaire" provides information specific to the family and their post-separation history. The parties provide information regarding what problems may

have arisen with the current parenting time arrangement. Each parent is asked to share his or her view of what would work best for the children. Both parties are requested to talk about their upbringing by filling out a "Personal History Questionnaire". Each parent is also asked to provide an autobiography which helps in understanding people and events that have helped shape who they are.



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II. Child Assessment

The assessment of the child (or children) begins after the initial adult interviews. Depending on the age of the child, each parent may be asked to bring the child in for an interview. The assessment process is paced to minimize distress to the child.

The child assessment techniques may include interviews, drawings, and various children's games. Each parent completes a "Child Development Inventory" for each child. An important part of the evaluation process is the observation of parents and children in joint sessions usually in the context of a home visit. The interactive sessions include a variety of formats, from unstructured free playtime together to task-structured activities. The parent/child meetings will take place at each residence with the potential for a second meeting occurring at the office.

Each parent provides a list of five personal references (who are not family members) who are familiar with their parenting history. "Releases of Information" to speak to teachers, counselors, physicians, and other professionals who have worked with members of the family are also signed by the parents.

III. Psychological Assessment

Each adult has a psychological profile drawn from clinical interviews, psychosocial history, clinical observation and the administration of personality assessment instruments. Since there is no direct correlation between personality functioning and parental capacity, the goal is to understand how parents' psychological functioning affects their parenting and how the parties might co-parent in the future.

If there are questions concerning drug or alcohol problems for any involved adult in the evaluation, that parent may be referred for a substance use evaluation.

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IV. Evaluation Summary and Recommendations

All information from interviews, observations, references, written materials and test data is reviewed when the report is written. The children's present and future needs are identified. An understanding of the capacities brought to parenting by each adult is considered and an understanding of the children's needs and the adults' capacities go into a formulation of recommendations regarding parental responsibilities. The report is sent to the courts, to each attorney, and to the parties. It is imperative that the parents not share the final report with the child(ren) as the format and language of the report are intended for the adult reader. Children may misunderstand some of the information, possibly complicating their perceptions of their parents, or leaving them feeling guilty or personally criticized. Each participant is requested to ask for further explanation of any procedures that are not clear to them in this document.

I have read and agree to the evaluation process as described above:

Signature

Date

KEVIN ALBERT, PSY.D., P.C.

CONFIDENTIALITY

Dr. Albert cannot legally discuss you or your problems with others without your written permission. **In some situations, such as abuse, however, he is legally required to release information** (see the Disclosure Statement). During therapy it is sometimes useful to discuss your progress with another person such as your physician or a child's teacher. If he believes such information exchange would be useful, he will request a written release. Dr. Albert may choose to seek out consultation (in a confidential manner) with other professionals.

Your file is a confidential record of treatment. When you conclude work with Dr. Albert, your file remains on site for approximately one to two years, depending on space availability. It may then be transferred to storage. Once in storage, a \$150 fee will be charged for file retrieval.

When conducting court-related work such as Parental Responsibilities Evaluations, the issue of confidentiality may not apply, as I am required to write a report or testify about what I learned during my evaluation.

Dr. Albert will not create tapes of any of our work. Further, he requests that you ask his permission to record any sessions or telephone calls with him. Without written consent, neither photographing nor taping is allowed.

TELEPHONE CALLS AND MESSAGES

Dr. Albert is available during week days to answer questions and take calls. At other times the phones are transferred to voice mail messaging. **If your call is an emergency, please follow the instructions given to you on the voice mail message.** Dr. Albert will make every effort to return calls each day in a timely manner. Appointment changes and requests for information taken by voice mail messaging will be responded to during office hours.

APPOINTMENTS

It is your responsibility to keep track of your scheduled appointments times, Dr. Albert does not make reminder calls. Please be mindful that appointments are times reserved for you, and a 24-hour notice is necessary for change or cancellation in order to make the time available for others. Voice mail messaging is available for your use after-hours or on weekends. Should you have a late cancellation or missed appointment, a charge will be incurred. **A missed appointment (failure to keep an appointment without notice) will result in a full session charge. A late cancellation (notice of less than 24 hours) will result in a charge of one-half the session fee.**

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EMERGENCIES

Dr. Albert will not be available for calls after hours. If an emergency arises that requires urgent assistance, please follow the instructions given to you on his after-hours voice mail message regarding how to get in touch with emergency staff at Highlands Behavioral Care. You may also call 911 or go to your nearest hospital emergency room. Fees for emergency care may not be covered by your insurance and may therefore be your responsibility.

FEES

A fee schedule is attached, and **payment is due at the time of service**. VISA and MasterCard are alternatives to cash payment. **There is a 3% credit card processing fee for card transactions.** There will be a \$30 processing charge for any check returned as uncollected by the bank. Any unpaid balance that is not received by Dr. Albert within 60 days after the date of billing will accrue a monthly late charge of 1.5% of the unpaid balance.

INSURANCE

Dr. Albert does not take insurance. Court work, including Parental Responsibility Evaluations, is not covered by insurance.

REQUEST FOR FILE COPY

At the completion of a PRE, should a copy of the file be requested by either party, that request will be handled through **Litigation Solutions Incorporated (LSI) at the request of a client's attorney and at their expense.** Notice will also be given to the other party that a file request has been made.

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FEE SCHEDULE

THERAPY:

Individual
Couples
Marriage
Family
Treatment Summary Reports

\$200 / 50 minutes

COACHING/CONSULTATION:

\$225 / 50 minutes

PARENT/SCHOOL CONFERENCES:

\$200 / 50 minutes

PSYCHOLOGICAL TESTING (non-court related)

\$200 / 50 minutes

Scoring
Data Analysis
Interpretation
Report Writing

PRE RETAINER FEE

\$5,000

COURT RETAINER FEE

\$1,000

COURT APPEARANCE/DEPOSITIONS:

\$275 / 60 minutes

COURT PREPARATION:

\$225 / 50 minutes

SPECIAL SERVICES:

Parental Responsibilities Evaluation Report
Parenting Coordination
Decision Making
Reintegration Therapy
Court-related Psychological Testing
Attorney Consultation

\$225 / 50 minutes

LATE CANCELLATIONS (less than 24 hours notice)

½ Fee Charge

MISSED APPOINTMENTS

Full Fee Charge

CREDIT CARD PAYMENTS – VISA and MasterCard

Add 3% Processing Fee

RETURNED CHECK FEE

\$30.00

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DISCLOSURE STATEMENT

Kevin Albert, Psy.D.
6402 South Troy Circle
Suite 310
Centennial, CO 80111
720-550-8961

This statement is provided to you so that you are aware of your rights as a psychotherapy client. Please read this document and discuss any questions or concerns you have before signing it.

I have a doctorate degree in Clinical Psychology from The University of Denver. I was required to complete four years of course work and practicum clinical work as well as a one-year internship in clinical work to receive this degree. I completed my one-year internship at the Sepulveda VA, Los Angeles, CA. After receiving my degree, I then completed a one-year postdoctoral fellowship at Harbor UCLA Medical Center, which included clinical supervision. Upon completing this work, I was able to sit for licensure which included taking a national exam, a jurisprudence exam, as well as an oral exam. I am a licensed psychologist in Colorado. My license number is 1532.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, license school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions and/or complaints should be addressed to: Department of Regulatory Agencies, Mental Health Section, State Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202. Phone: (303) 894-7800; Fax: 303-894-7764.

Web: <https://www.colorado.gov/pacific/dora/Psychologist>
Email: dora_mentalhealthboard@state.co.us

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CLIENTS RIGHTS AND VALUABLE INFORMATION

a. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. A Psychologist candidate, a Marriage and Family Therapist candidate, and a Licensed Professional Counselor candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

b. 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. Please ask if you have any questions about my methods, techniques, duration of therapy or my fee structure.

c. You can seek a second opinion from another therapist or terminate therapy at any time.

d. In a professional relationship, sexual intimacy between a therapist and a patient/client is never appropriate. It is a crime as well as an ethical violation in Colorado. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section, State Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202, Phone: (303) 894-7800; Fax: 303-894-7764; Email: dora_mentalhealthboard@state.co.us and / or your local law enforcement agency.

FEES

Please refer to the Fee Schedule.

CONFIDENTIALITY

The information provided by and to you as the client during the therapy sessions is legally confidential and I cannot disclose any of your information without your consent.

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Generally speaking, information disclosed to me is a privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. Some of these exceptions are listed in the Colorado statutes (C.R.S. § 12-43-218). I will identify these exceptions to you as situations arise during treatment, or in our professional relationship. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S. § 13-90-107. Confidentiality may also be waived in the event of physical abuse and/or neglect of a child, including any past or present sexual contact with a minor. All therapists are required by law to report such instances to the Department of Social Services and / or law enforcement. Additionally, in the event of imminent danger to yourself or another person, I am required by law, to protect you, which may result in you being hospitalized, and I have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind. Additionally, in some circumstances, a court may order the release of information, and records, or I may be forced to testify in court

RECORDS

I maintain treatment records for 7 years after the date of last treatment (7 years after the age of majority in the case of a minor). After the 7-year period, your records may no longer be available and will likely be shredded or destroyed. Upon executing an appropriate authorization for release, you may receive a copy of your records, have them forwarded to another provider, or I may prepare a summary for you instead. Because these are professional records I recommend that you review them in my presence so that we may discuss the contents. Psychotherapy notes, as defined at 45 CFR §164.501, are my personal, professional notes, and I do not provide copies of my psychotherapy notes.

If you have any questions or would like additional information, please feel free to ask.

By signing this form you are acknowledging that you understand and agree to its contents.

Patient Signature

Date

Parent or Legal Guardian
If Patient is a Minor

Date

Kevin Albert, Psy.D.

Date

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POLICY IN REGARD TO RELEASE OF
PSYCHOLOGICAL TEST DATA

It is clear from statute C.R.S. 14-10-127 (3) that parties to a Parental Responsibilities Evaluation have a right to request the underlying data. This becomes a problem for psychologists in regards to psychological test data. The American Psychological Association (APA) "Ethical Guidelines for Psychologists" states that psychological test data must not be released if doing so could cause harm to the client. Psychologists conducting these evaluations are therefore faced with a dilemma when they receive a request for underlying data related to an evaluation. On the one hand, the statute gives clients the right to the data, yet psychologists are under ethical constraints to protect clients.

The best resolution of this dilemma is as follows: Upon receipt of a duly executed release, copies of test data will be provided to another licensed psychologist. This does not represent a conflict of ethical principles. Specifying another psychologist is the most expeditious means of obtaining evaluation test data and can easily be accomplished by having the parties provide releases of information to the designated psychologist. If, however, the parties are insistent on obtaining psychological test data without utilizing a qualified professional, they must obtain a court order for release of these protected materials. Such a court order would supersede professional ethical standards and allow a response without being in violation of those standards.

In sum, it is important to respect the client's right to understand and review the materials on which the evaluation is based. The above policy is not intended to obstruct those rights.

I have read and understand this policy: _____(initial)

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POLICY FOR COURT APPEARANCES

The following policy is applicable when Dr. Kevin Albert is requested to appear at a deposition or in court for the purpose of presenting expert testimony:

Court time is billed portal to portal (i.e., charges accrue from the time of leaving the office until return to the office) at the rate of \$275 per clock hour (60 minutes). Preparation time for a court appearance is charged at the rate of \$225 per clinical hour (50 minutes). Prepayment of \$1000 is required seven working days prior to a court appearance.

Should a hearing be canceled or Dr. Albert is no longer be required, reimbursement will be made as follows:

- Less than 48 hours notice of cancellation, a charge of \$275 plus time spent in court preparation will be kept and the rest of the monies refunded. (If the hearing is on Monday, cancellation must occur on the Thursday prior to the hearing by 12 p.m.)
- Less than 24 hours notice of cancellation, a charge of 3 hours of court time plus time spent in court preparation will be kept and the rest of the monies refunded. (If the hearing is on Monday, cancellation must occur on the Friday prior to the hearing by 12 p.m.)
- A \$275 cancellation fee will be kept for cancellations made more than 48 hours prior to the hearing date.

I have read and understand this policy: _____(initial)

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PARENTAL RESPONSIBILITIES EVALUATION

POLICY FOR HOME VISITS

Dr. Albert will conduct home visits for Parental Responsibilities Evaluations.

Charges for a home visit within driving distance of his office will be billed at a rate of \$225 per 50 minutes for driving time to and from the client's home, plus the hourly rate for actual time spent in the home. If the drive time is more than 3 hours the charge will be \$1000 plus \$225 per hour of time spent with the family.

When cases involve travel out of state, the following charges will be added to the total cost:

- \$1000.00 per day out of office (5.5 hours)
- Hourly rate of \$225 (per 50 minutes) for time in the home, with family, or collateral contacts
- \$75 per day for meals
- Transportation costs (such as airfare, parking and car rental)
- Lodging costs

I have read and understand this policy: _____(initial)