



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

### **TO MY THERAPY 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.

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**THERAPY CLIENT REGISTRATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone Numbers: Home (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Employment: \_\_\_\_\_

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## **DISCLOSURE STATEMENT**

Kevin Albert, Psy.D.  
6402 South Troy Circle  
Suite 310  
Centennial CO 80111

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 practice of licensed or registered persons in the field of psychology is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals; a Licensed Clinical Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters 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 masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor must hold the necessary licensing degree and be 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 and meet the CAC III requirements. A registered psychotherapist is a psychotherapist listed in the State's database, and is authorized by law to practice psychotherapy in Colorado but is not licensed by the State and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the State.



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You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 or the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

**I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.**

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Print Client's Name

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Client's or Responsible Party's Signature

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Date

If signed by Responsible Party, please print your name, state relationship to Client and authority to consent:

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## **SUPPLEMENTAL INFORMATION FORM**

Thank you for your help in providing a personal history. This information will be treated with the same level of confidentiality as any other information you share with me. Please feel free to discuss any questions you may have about confidentiality.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Current medications and dosages \_\_\_\_\_

Allergies (Including allergies to medications) \_\_\_\_\_

Current illnesses, injuries, or disabilities \_\_\_\_\_

Past significant illnesses, injuries, or disabilities \_\_\_\_\_

Past psychotherapy, counseling, or psychiatric hospitalization? \_\_\_\_\_

If yes, when, for what problems and with whom? \_\_\_\_\_

Please note any ways that previous therapy was helpful \_\_\_\_\_

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Have any family members had significant emotional problems (anxiety, depression, etc.) or been under the care of a mental health professional? Please describe: \_\_\_\_\_

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Do you smoke? \_\_\_\_\_ How much per day? \_\_\_\_\_ Do you use alcohol? \_\_\_\_\_

How many alcoholic drinks do you typically consume at one time? \_\_\_\_\_

How often do you consume alcohol in a typical week? \_\_\_\_\_

Please note the type and frequency of any recreational drugs use, past or present (e.g. marijuana, LSD, cocaine, over-the-counter medications, etc.) \_\_\_\_\_

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**FEE SCHEDULE**

<b>THERAPY:</b>	\$ 140 / 50 minutes
Individual	
Couples	
Marriage	
Family	
Treatment Summary Reports	
<b>COACHING/CONSULTATION:</b>	\$140 / 50 minutes
<b>PARENT/SCHOOL CONFERENCES:</b>	\$140 / 50 minutes
<b>PSYCHOLOGICAL TESTING (non-court related)</b>	\$140 / 50 minutes
Scoring	
Data Analysis	
Interpretation	
Report Writing	
<b>PRE RETAINER FEE</b>	\$5,000
<b>COURT RETAINER FEE</b>	\$1,000
<b>COURT APPEARANCE/DEPOSITIONS:</b>	\$250 / 60 minutes
<b>COURT PREPARATION:</b>	\$200 / 50 minutes
<b>SPECIAL SERVICES:</b>	\$200 / 50 minutes
Parental Responsibilities Evaluation	
Parenting coordination	
Decision Making	
Reintegration Therapy	
Court-related Psychological Testing	
Attorney Consultation	
<b>LATE CANCELLATIONS (less than 24 hours notice)</b>	½ Fee Charge
<b>MISSED APPOINTMENTS</b>	Full Fee Charge
<b>CREDIT CARD PAYMENTS – VISA and MasterCard</b>	Add 3% Processing Fee
<b>RETURNED CHECK FEE</b>	\$30