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

TO THE PARTIES

Welcome to my practice: Dr. Kevin Albert, Psy.D.,P.C. This packet contains information about my practice, policies and the Parental Responsibilities Evaluation (PRE) process.

The Parental Responsibility Evaluation (PRE) process is generally entered into when the parties have failed to reach consensus about how to constructively share parenting responsibilities for their child(ren). This can be a stressful and contentious process. As with mediations, neither party should expect to have all of their expectations met. Keep in mind that the goal is to provide recommendations describing a constructive situation, in the best interests of the child(ren) and the child(ren)'s safety, for maximizing the child(ren)'s relationship with each parent. Ideally the aim is to preserve the opportunity for future relating between each parent and child. My goal/role is to assist you in this process. If the parties do not reach an agreement, the Court will make the final recommendation. The PRE evaluation and reporting process is governed by C.R.S. § 14-10-127 and Chief Justice Directive 21-02.

Please review the packet carefully and request any clarification before signing.

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

PARENTAL RESPONSIBILITES 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* Contract *of Service"* and "*Parental Responsibilities Evaluation Agreement."* I have also reviewed and agree to policies covered in the following documents: *"Policy as Regards Release of Psychological Test Data," "Policy for Court Appearances"* and *"Policy for Home visits."* I understand that preparation for and testimony in court is billed separately from other evaluation charges.

I understand that post-PRE Report consultations with attorneys, regarding testimony preparation, will be billed to the represented/requesting party.

I understand a $8,000 retainer 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 $800.00 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 $350.00 an hour (50 minutes).

Evaluation costs generally range from $12,000.00 to $25,000. Each case is unique, and it is difficult to determine the total cost at the outset 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.**

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My responsibility for the percentage of payment of the evaluation costs **after** the initial $8,000.00 retainer, is _____.

I understand that the costs of the evaluation must be paid in full before the evaluation report is released either by *certified bank check* or credit card.

If the balance due is not paid in full, any 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 2% surcharge 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.

I understand that any/all materials provided to Dr. Albert over the course of the PRE process are considered part of the PRE file. The PRE file and cannot be returned. I understand that I have the right to a copy of the report and PRE file to be provided at least 21 days prior to the hearing as provided by statute. I understand that the PRE report and file may be deemed sealed by the Court and are confidential and shall not be made available for public inspection without an Order from the Court.

I have read and agree to the Contract of Service.

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 an evaluation specific to the Court's Scope of Evaluation as specified in the Order for an Evaluation and Report. **The goal in an evaluation is to provide recommendations describing a constructive situation, in the best interest of the child(ren) and the child(ren)'s safety, for maximizing the child(ren)'s relationship with each parent. Ideally, 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 Parental Responsibilities Evaluations (PREs). 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 Parental Responsibility Evaluations, the evaluator is ***not*** providing therapy and there is no therapist / client relationship. Therefore, traditional rules of confidentiality in psychotherapy do ***not*** apply. For example, there is often a need to discuss comments made by one party with other family members or people involved with the family. This information is considered part of the report. The final report will consider all information used in formulating the conclusions and recommendations. Consent of the party is not required to place information in the report or for the testimony of the PRE.

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 their commitment to the process and payment responsibilities.

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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.

II. Child Assessment

The assessment of the child(ren) 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 (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. It may be possible that psychotherapists familiar with the family will want their own Release of Information signed.

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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 parties' 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.

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 Court, to each attorney, and to the parties.

The Court will make the final recommendations/decisions.

It is imperative that the parents not share the final report with the child(ren), or any non-party, as the format and language of the report is 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

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PRE CONFIDENTIALITY

When conducting court-related work such as Parental Responsibilities Evaluations, the issue of confidentiality may not apply, as Dr. Albert is required to write a report and/or testify about what he learned during his evaluation. This can include information provided by the parties; the child(ren); teachers, healthcare workers, psychologists, law enforcement agencies; references and family members as well as others contacted during the process. The PRE is not your therapist, nor the therapist of the children, and there is no therapist / client privilege. Information provided to the evaluator, in any form, may be included in the PRE file, report and testimony.

There are other exceptions to the general rule of legal confidentiality. Some of these exceptions are listed in the Colorado statutes (C.R.S. § 12-43-218). 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. Additionally, in the event of imminent danger to yourself or another person, I am required by law, to protect you or others 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. These exceptions apply and may result in a report outside of the appointing court.

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.

If, in the instance of a dispute regarding release of information, any/all legal fees incurred in the process of resolution, shall be the responsibility of the party(s) requesting the information.

TELEPHONE CALLS AND MESSAGES

Dr. Albert is available during weekdays to answer questions and take calls. At other times the phones are transferred to voice mail messaging. 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.

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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 may be incurred. **A missed appointment (failure to keep an appointment without notice) may result in a full session charge. A late cancellation (notice of less than 24 hours) may result in a charge of one-half the session fee.**

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. A Retainer is collected when the Court issues an Order for Evaluation and Report. When retainer funds are depleted, charges will accrue as a Statement balance. A final bill is presented at the completion of a report and the report issued upon payment. If additional time is needed, such as court testimony or supplemental reports, those will be billed separately according to the stated billing rates.

Please provide a certified bank check for your final payment if not paying by credit card. VISA and MasterCard are alternatives to cash payment. **There is a 2% 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.

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INSURANCE

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

REQUEST FOR FILE COPY

At the completion of a PRE, and at least 21 days prior to hearing, should a copy of your file be requested by either party's attorney or pro se party, that request will be handled through **Array (our secure file service) at the request of a client's attorney or pro se party and at their expense.** Notice will also be given to the other party that a file request has been made.

All materials provided to Dr. Albert over the course of the PRE process are considered part of the PRE file and cannot be returned.

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FEE SCHEDULE

PRE RETAINER FEE:	$8,000
PRE charges to Retainer include: Interviews; testing; file/document review; and report writing billed at $350/hour	
COURT RETAINER FEE:	$1,500 - $3,500
COURT APPEARANCE/DEPOSITIONS:	$400 / 60 minutes
COURT PREPARATION:	$350 / 50 minutes
PARENT/SCHOOL CONFERENCES:	$350 / 50 minutes
LATE CANCELLATIONS (less than 24 hours' notice)	½ Fee Charge
MISSED APPOINTMENTS:	Full Fee Charge
RETURNED CHECK FEE: Plus any additional bank charges	$30.00

See attached **Policy for Court Appearances** and **Policy for Home Visits** for additional fee description.

CREDIT CARD PAYMENTS: add 2% Processing Fee

See attached **Policy for Court Appearances** and **Policy for Home Visits** for additional fee description.

A certified bank check is required for your final payment, if not paying with a credit card

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DISCLOSURE STATEMENT

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Dr. Albert has been appointed by the Court to conduct a Parental Responsibility Evaluation and provide a report pursuant to standards related to Court proceedings under Colorado Revised Statutes 14-10-127.

Dr. Albert obtained a doctorate degree in Clinical Psychology from The University of Denver, completing four years of course work and practicum clinical work as well as a one-year internship in clinical work to receive this degree. He completed a one-year internship at the Sepulveda VA, Los Angeles, CA. After receiving his degree, he then completed a one-year postdoctoral fellowship at Harbor UCLA Medical Center, which included clinical supervision. Upon completing this work, sat for licensure which included taking a national exam, a jurisprudence exam, as well as an oral exam. He is a licensed psychologist in Colorado - 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, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions 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.

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

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In order to file a complaint against a PRE, the complainant must first request preliminary findings from the judicial officer currently presiding over the case for each Standard they believe the PRE violated. Unrepresented parties may use JDF form number 1339 to request the preliminary findings. If the judicial officer makes the requested findings, the complainant may then file their complaint through the SCAO at https://www.coloradojudicial.gov/court-services/family-law-programs/parental-responsibility-evaluators?topic=166&wrapped=true

PARTIES RIGHTS AND VALUABLE INFORMATION

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.

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.

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RECORDS

You have the right to a copy of the PRE report and file pursuant to C.R.S. § 14 - 10 -127. After permanent orders hearing the file is deemed sealed and confidential. To obtain a copy of the PRE / Court file after this time you will need to request Court approval. Further, after obtaining approval, there may be associated fees / costs to recover the file from storage, copy, and produce. Generally, Dr. Albert maintains copies of the file for 7 years after termination of the appointment.

Please make sure you have copies of any/all materials you are providing to Dr. Albert as it will become his official PRE file and cannot be returned.

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.

_____ _____

Signature Date

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POLICY IN REGARD TO RELEASE OF

PSYCHOLOGICAL TEST DATA

Pursuant to C.R.S. § 14-10-127 (3) that parties to a Parental Responsibilities Evaluation have a right to request the underlying data. Raw psychological testing data is not released to non-psychologists. 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 party. 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 stature gives parties the right to the data, yet psychologists are under ethical constraints to protect them.

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.

In sum, it is important to respect the parties’ 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 $400 per clock hour (60 minutes). Preparation time for a court appearance is charged at the rate of $350 per hour (50 minutes). Prepayment of $1,500 - $3,500 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 $400 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 ($400/hr) 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 $400 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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POLICY FOR HOME VISITS

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

Charges for a home visit within four hours driving distance of his office will be billed at a rate of $350 per 50 minutes for driving time to and from the client's home, plus the $350 hourly rate for actual time spent in the home.

If the drive time is more than four hours, the charge will be $1,500 plus $350 per hour of time spent with the family and $125 per diem.

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

- $2,000 per day out of office fee
- Hourly rate of $350 (per 50 minutes) for time in the home, with family, or collateral contacts
- $125 per diem
- Transportation costs (such as airfare, parking and car rental)
- Lodging costs

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

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TELECONFERENCE CONSENT AND AGREEMENT

Video conferences and phone interviews are a convenient and at times an alternative to in-person meetings. They may however involve potential risks to confidentiality. Dr. Albert uses Zoom as his video conference service and cannot guarantee that this is without risk to privacy. By signing this agreement, you accept that risk.

You also agree to maintain a private environment during your participation in any video conference or phone call with Dr. Albert. Specifically: you allow any child interview to be private and agree to not record any call or meeting or any portion of a call or meeting without Dr. Albert's written consent.

By signing this consent form, you agree to waive any claim or right of action against Dr. Albert for any matters arising out of good faith functions Dr. Albert performs under this agreement. You also agree to hold him harmless for any negative impact that may be perceived as a result of using video conferencing services or phone interviews.

I (print your name)_____

consent to using video conferencing services and phone interviews as a mode of communication with Dr. Albert as an alternative to in-person meetings.

_____ _____

Signature Date

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GETTING STARTED

Use this document as a guide to help you move efficiently through the Parental Responsibilities Evaluation (PRE) process and check off items as they are completed. All forms can be found under "Forms", and downloaded from Dr. Albert's website: www.kevinalbertpsyd.com

- ☐ Carefully read, sign/initial and return your "*PRE-Contract/Registration Packet*" (PRE Packet 1), along with your retainer when applicable. This packet initiates the PRE process and is necessary for Dr. Albert to have before scheduling your first meeting.

- ☐ Complete and return PRE Packet 2 within four weeks of commencing the PRE **and after your first meeting** with Dr. Albert. Packet 2 contains:

  - *Relationship History*
  - *Personal Reference Questionnaire*
  - *Child Development Inventory*
  - *Personal History Questionnaire*
  - *Autobiography Guidelines*

- ☐ Schedule psychological testing with Dr. Albert within the next four weeks

- ☐ Have your personal references complete the "*Personal Reference Questionnaires*" and return them to Dr. Albert directly within the next six weeks.

- ☐ Provide all documents and information in a hard copy format.

- ☐ Provide all recordings (audio and/or video) on a CD or thumb drive.

- ☐ Provide a list of professional references, and their contact information – phone # and email address - within six weeks. Sign their "*Official Release of Information*" forms to allow them to speak to Dr. Albert.

- ☐ **Have all information you would like to provide for your PRE to Dr. Albert no later than six weeks before your report is due.**

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