

KATHRYN BERLÁ, Ed.D., PLLC

Licensed Psychologist



2420 Frankfort Avenue ▪ Suite 200

Louisville, KY 40206

(502) 412-2226

FORENSIC MENTAL HEALTH EVALUATION SERVICE AGREEMENT

Attached you will find the following documents:

- Documents which must be returned at your initial appointment:
 - Fee for Service Agreement
 - Informed Consent
 - Contact Sheet: Child Access/Parental Capacity Evaluation
 - Information About Your Court-Ordered Child Access Evaluations
- Consent Agreements/Release of Information allowing Dr. Berlá to collect pertinent records:
 - Release of Information

At the initial appointment each party must bring the signed Billing Agreement and the Informed Consent. Please also complete the Contact Sheet. A deposit of \$1500 is due at the initial appointment.

With regard to releases of information:

- A blank release is included so that you can print as many releases as you may need.
- Fill out a separate release for any past or current marital therapist(s), individual therapist(s), psychiatrists, group therapist(s) (including Anger Management and BIP). If you have a history of substance abuse treatment or psychiatric hospitalization, releases for those facilities/providers are also necessary. If you have a medical condition or are currently taking controlled medications which have the potential to impact functioning, please complete a release for your medical provider/prescribing physician. If there is a history of CPS involvement, an open records request must be submitted by your attorney to CHFS, as CPS requires such. The records should be sent from CHFS to kathrynberla@gmail.com
- If any of the children involved in these proceedings have been in therapy or have developmental or medical special needs, please fill out a release for pertinent providers.
- *Signed releases must be submitted to each provider/collateral informant by the client.* Client should compile a list of these informants, including phone numbers, and submit to Dr. Berlá. A form may be provided to you for this information upon request.
- If you believe that the opposing party has records that a release will be required for, please compose a list of these informants indicating that Dr. Berlá needs to ask the opposing party to complete said release.

- If your child is enrolled in school, a separate release is required. Please fill out a release “All faculty and staff at [name of school].”

Initials _____

_____ INITIAL

FORENSIC MENTAL HEALTH EVALUATION CONTACT SHEET

Name: _____

DOB: _____

Best Telephone #: _____

E-Mail Address: _____

Attorney: _____

Attorney's E-Mail Address: _____

Attorney Telephone: _____

County: _____

Judge: _____

Is there an active or pending EPO/EVO? Yes No

[Please immediately inform us if an EPO is filed or DVO issued]

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**FEE FOR SERVICE RATE AGREEMENT
FORENSIC MENTAL HEALTH EVALUATION**

The fee for a Forensic Mental Health Evaluation is charged by the hour at \$250/hr. An initial payment of \$150 is due for a case orientation meeting (up to 30 minutes) and establishing your file. Your attorney may be included in the orientation meeting. A fee of \$1500 is due at the first forensic interview, which will be scheduled after your collateral documents have been submitted (See Documents Needed section). Once the evaluation has begun, that fee is non-refundable. **Once your appointment is scheduled, you will be expected to provide two business days' advance notice of cancellation. Later cancellations will result in a charge for two hours of clinical time at the normal rate of \$250/hour. This is a late charge and is not applicable to the evaluation fee.**

The evaluation will not begin in the absence of the initial payment. **This fee is non-refundable, even if your case is settled or dropped.**

Rates for additional evaluation services are as follows:

SERVICE	FEE PER HOUR
Record Review	\$ 250.00
Clinical/Collateral Interviews	\$ 250.00
Psychometric Testing	\$ 250.00
Report Writing	\$ 250.00
Deposition/Testimony	\$ 450.00
Additional Wait Time at Court Proceeding	\$250.00
Extensive Record Review	\$ 250.00
Collateral Interview w/ Division of Forensic Medicine (DFM)	\$ 250.00

If there is any behavior on the part of any party that threatens validity to the evaluation process, the evaluation may be paused or discontinued with a forfeiture of fees.

In the rare event that Dr. Berlá is called to testify, a flat fee of \$5000.00 is required, which covers ten hours of preparation time and the allotment of ½ day for testimony/deposition. If a full day or multiple days of testimony are needed, the retainer is adjusted accordingly. Similarly, if the case was so large that total time in the evaluative components and record review exceeds 60 hours, the testimony retainer fee will be adjusted accordingly.] As these proceedings are scheduled far in advance, a non-refundable deposit of \$1000 is required for each date requested at the time the date is requested. Four weeks in advance of the blocked hearing/trial date(s), the remainder of the testimony retainer is due. **As Dr. Berlá must designate a day away from the office, this retainer is non-refundable within 7 days of the proceeding.** A credit card on file will be required to secure Dr. Berlá's time for appearing.

If the testimony retainer deposit is not satisfied four weeks in advance, Dr. Berlá may not reserve time and may not be present for testimony/deposition. If testimony/deposition is cancelled 27 days-8 days in advance, 50% of the testimony/deposition retainer will be returned. If a cancellation occurs with 7 or fewer than 7 days' notice, the entire testimony retainer is forfeited. Travel time outside of Jefferson County (time is billed door-to-door) will be billed at \$250/hour in addition to the aforementioned fees.

Following the completion of data-gathering (all interviews and review of records), you will be provided with an invoice for services. This must be paid in full prior to the report production. An additional hourly fee will be billed for report production. This must be paid prior to the report being released. (Invoice will be provided when report is near conclusion.)

Lastly, if a work product review (either independent or ordered by the Court) is produced, Dr. Berlá will prepare a written rebuttal to be billed to whichever party hired the work product reviewer; if the work product review is Court-ordered, the rebuttal will be billed to whichever party was ordered to pay for the evaluation or at the % each party was ordered to pay. Such threats to professional and report integrity must be addressed.

If the length of a court appearance or deposition surpasses the ½ day covered by the retainer, you will be charged. Dr. Berlá may request that a credit card be put on file prior to the proceeding. Any unpaid bills will accrue interest at the rate of 18% per annum. A \$20.00 surcharge will be assessed for any returned checks. Please avoid faxing lengthy, non-urgent material. Excessive faxing may be charged at a rate of \$.30/page.

It is strongly encouraged that you be represented by an attorney. In instances where the parties are pro se or become pro se during the course of the proceedings, Dr. Berlá reserves the right to decline or discontinue the evaluation.

Prior to conducting the evaluation, this form must be signed and returned.

Authorizing Signature

Date Signed

Printed Name

Your signature indicates that you have read and are aware of the fees as described above. Your signature also indicates that you will pay in accordance with any current or future court orders. [For example, if one party was ordered to cover the entire cost of the evaluation, said party agrees to pay the entire bill. If another percentage was ordered by the Court, said parties agree to pay their percentages as ordered by the Court]. Regardless of the percentage currently ordered by the Court, your signature is required in order to proceed with the evaluation (as a future order may be entered altering the percentage to be paid by each party).

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ORIENTATION TO PARENTING EVALUATIONS & INFORMED CONSENT

Dr. Berlá has been licensed in this state since 2002, and temporarily licensed or certified since 1997. Being licensed requires passing a national written examination and an oral examination given by the state psychology examining board. You may contact the KY Board of Examiners of Psychology with questions or concerns at P.O. Box 1360, Frankfort, KY 40602. Dr. Berlá has been licensed to practice telehealth in participating states under PSYPACT. Please review this document carefully for the additional fees you will incur for making any unfounded complaints against Dr. Berlá.

It is important that you understand in advance that parenting evaluations are conducted for legal purposes. With regard to child custody, the best interests of your children will be the only concern; Parental Fitness/Capacity evaluations (including Forensic Mental Health evaluations) focus on whether or not the parent meets minimally adequate standards for parenting a particular child or children. There is a possibility that Dr. Berlá's impressions may be unfavorable to your legal position. Dr. Berlá will be making recommendations with regard to your contact and involvement with the children. This may include recommendations about the delegation of legal decision making.

The evaluation itself will consist of a minimum 2-3 forensic interviews. In some instances, children may be interviewed separately and/or observed in a home visit or office visit with each parent. (For parental capacity and forensic mental health evaluations, observation of parent child interactions and child interviews likely will not be undertaken). Personality inventories and questionnaires will also be administered.

Best Interest Evaluations only:

At the end of the evaluation, an Oral Settlement Conference will be held during which the findings and recommendations are presented orally to you and all attorneys/individuals who are involved in or a party to your case. Should the settlement conference result in an Agreed Order/Mediated Agreement, limited documentation (in the form of a summary report) will be provided to attorneys and the Court. Should you fail to reach an Agreement, a full report will be produced and submitted to the Court and counsel at an extra hourly rate (see fee schedule). The report will not be released until the additional fee is paid in full. For these, as well as other ethical reasons, Dr. Berlá avoids cases in which one or both parties represents him/herself (called “pro se”). If you become pro se during the course of the evaluation, Dr. Berlá may exercise the right to seek the approval of the Court to terminate involvement.

Dr. Berlá recognizes that her impressions are very important to you. However, please do not ask her to give you an opinion as she cannot do so until such time she has had an opportunity to hear all sides, review the psychological test results, and fully review the file and all records. At that time, feedback will be given to the attorneys and both parties in oral conference. Once the evaluation has begun Dr. Berlá cannot be a resource to you or anyone else involved in the case for advice, therapy, or support. These activities conflict with the role of a neutral/non-partisan evaluator. Should a crisis emerge, please contact a mental health provider or, if non-urgent, your attorney. *Records should be provided electronically. Emails and texts without the full string of communication cannot be considered as the context of a conversation could be unfairly represented.*

Forensic mental health evaluations only:

Once the evaluation has begun Dr. Berlá cannot be a resource to you or anyone else involved in the case for advice, therapy, or support. These activities conflict with the role of a neutral/non-partisan evaluator. Should a crisis emerge, please contact a mental health provider or, if non-urgent, your attorney. Records should be provided electronically. Emails and texts without the full string of communication cannot be considered as the context of a conversation could be unfairly represented. Once the report has been fully paid and completed, it will be released to the attorneys and the Court.

PLEASE NOTE: To save money on hourly document review charges, please transcribe all text exchanges in to Word format so that salient portions may be copied and pasted easily. If there are audio or video recording, please transcribe in Word format so that Dr. Berlá may read along with the audio and not have to listen to the recordings multiple times.

Insurance companies will not reimburse for these services.

Dr. Berlá is often not immediately available by telephone and is not available to answer the phone directly. Dr. Berlá utilizes voicemail which is monitored frequently. Dr. Berlá will make every effort to return your call within 2-3 days with the exception of weekends and holidays.

Please read the following informed consent. Your signature indicates that you have been advised of the following:

1. The information shared with Dr. Berlá is not private/confidential as an oral report will be shared with both attorney and both parties. In the event that a written report is produced it will be shared with the Judge as well as all attorneys involved in the instant case. If the case is Cabinet-referred, a copy of the report will be sent to the Cabinet, prosecuting attorney, and GAL as well. If the judge orders Dr. Berlá to forward copies to additional parties, she will comply with the order. Once reports are distributed, the case file is maintained for a minimum of 6 years. Under no circumstances are reports or materials re-distributed, even if you sign a release for such. HIPAA rules do not apply as the information is a court, not medical, record. The sole exception is if the judge who ordered the evaluation orders Dr. Berlá to issue reports to another judge. If there is a dispute among judges, Dr. Berlá will abide by the decision rendered from an administrative judge.
2. There are occasions when Dr. Berlá may need to communicate with attorneys during the evaluation process. These communications would be regarding procedure issues only and will not be related to general recommendations. There will be no ex parte communications with counsel, other than to discuss handling of documents, or procedural/scheduling issues, *or if Dr. Berlá believes that there is imminent risk of harm.*
3. Because this is a court-ordered evaluation, you are required by the Court to participate. A lack of participation could result in the judge finding you in contempt and taking legal action.

4. As this is a court-ordered evaluation, you are not a client/patient of Dr. Berlá (even if you are ordered to pay for the evaluation) and HIPAA does not apply. This means that if you request a copy of your report, I will not provide you with one. [You can, however, request a copy from your attorney or go through the Court to obtain a copy. If your attorney opts to provide you with a copy of the evaluation, Dr. Berlá requests that you do not allow your children to have access to said report as it will contain case-related information, and may contain emotionally upsetting information].
5. Also, as the report and any records collected are considered part of the court record, all attorneys involved in the instant proceedings will be allowed access (with a Court Order) to any records collected as part of the evaluation process. Access to said records is only granted after the evaluation is completed. Once the evaluation is completed, Dr. Berlá can no longer have any contact with you as testimony may be required.
6. Because this is a forensic mental health evaluation, challenging and/or emotionally difficult questions will likely be asked. Questions will be asked as respectfully as possible; if you experience emotional upset, Dr. Berlá will gladly provide you with breaks as necessary.
7. If Dr. Berlá engages in unethical behavior, you are encouraged to first discuss your concerns with your attorney, who can then assist you with informing the appropriate regulating board. Any false or malicious ethical complaints will be met with a legal response. [Human error or reproduction of mistakes contained within records are not considered unethical. Should you detect any such errors or omissions, please have your attorney inform us of such and we will issue a no-charge addendum]. If you file a spurious complaint to the licensing board or in any court proceeding, you may be billed for the time Dr. Berlá is required to spend defending against the false accusation. Your signature on this form denotes your acknowledgement that you will be financially liable for the fees associated with that effort.
8. The court order for evaluation allows Dr. Berlá to talk, in good faith, to anyone she feels has pertinent information. This is not a license to invade your privacy and Dr. Berlá holds herself to a high ethical standard. However, please be advised that some collateral information/contacts may be made without your awareness.
9. Any new or unresolved child protection investigations will put the evaluation on “pause” until the relevant child protection authority reaches a finding.

10. Given the nature of the work, there are often individuals who disagree with or object to Dr. Berlá's conclusions. This is, of course, your prerogative; however, please be advised that any vindictive, false, misleading, negatively charged (without basis), libelous or slanderous statements/claims are unacceptable (this includes Facebook, and/or all social medial/internet posts). Any of the above such actions or internet postings will be met with a legal response. Audio and/or video recording of interviews is prohibited. Should you have concerns, your attorney is welcome to be present throughout the duration of the clinical contacts. However, a court order is required for attorneys to observe the evaluation. There may be times when Dr. Berlá determines that presence of counsel is necessary; in these instances, counsel will be notified of the need to observe and of the need to obtain a court order to do so.
11. As a qualified user of copyrighted psychological tests [licensed psychologists with appropriate training], Dr. Berlá is enjoined to protect the security of test material (booklets, audio recordings, manual, scoring templates, profiles, software, report guides, and interpretive reports) by not releasing them to anyone other than those who are also qualified users of the test. Should counsel wish to review test materials, Dr. Berlá will gladly release the copyrighted and trade-secret protected materials to a qualified licensed psychologist of counsel's choosing. However, in keeping with ethical guidelines, Dr. Berlá will not release this information to non-qualified individuals.
12. On occasion, assessment indicates that one or both of the parties being evaluated pose a moderate to high risk of engaging in acts of violence. When the potential for violence is a factor, assessment tools are administered to empirically estimate risk. In these instances, Dr. Berlá reserves the right to submit reports to the Court and/or counsel in such a manner that the potential for violence related to the release or content of the report is minimized.
13. Dr. Berlá is sensitive to the increase in acts of workplace and school violence. When professional collateral sources report valid concerns for safety and in exceptional circumstances, Dr. Berlá may report the content of the information shared while shielding the identity of the source. If counsel determines that it is imperative that the source be revealed, the involvement of the Court will be requested. Dr. Berlá is keenly aware of the need for transparency in legal proceedings — however, she must, at times, balance transparency against the ethical obligation to take reasonable precautions when there is a risk of violence.

Your signature below indicates that you have been advised of the purpose of the evaluation, informed consent, and limits of confidentiality. Your signature also constitutes a “Release of Information” and allows Dr. Berlá to discuss any issues pertaining to your mental health and ability to parent/child access situation with anyone who she thinks would be helpful with regard to making recommendations to the Court. It also allows Dr. Berlá to talk to your attorney, opposing counsel, and submit reports to the Court (the laws of confidentiality might otherwise prevent her from doing so). By signing this document, you agree that these records are not to be considered health care information but part of the Court record to inform a legal proceeding.

Your signature below indicates that you have been advised of the purpose of the evaluation, informed consent, and limits of confidentiality. Your signature also constitutes a “Release of Information” and allows Dr. Berlá to discuss any issues pertaining to your mental health and ability to parent/child access situation with anyone who Dr. Berlá thinks would be helpful with regard to making recommendations to the Court. It also allows Dr. Berlá to talk to your attorney and submit reports to the Court (the laws of confidentiality might otherwise prevent Dr. Berlá from doing so). By signing this document, you agree that these records are not to be considered health care information but part of the Court record to inform a legal proceeding.

DATE SIGNED

SIGNATURE

PLEASE PRINT NAME HERE

DOCUMENTS NEEDED FOR YOUR COURT-ORDERED EVALUATION

There are extensive documents that will be required for most evaluations. **These documents should be gathered and supplied to Dr. Berlá prior to scheduling your initial forensic interview.** Some documents are more difficult and time-consuming to gather than others. Your attorney may assist you in gathering much of these. All release forms should be given to the collateral source, not to Dr. Berlá. Records should be provided electronically via shared folders or USB drives.

1. A list (in document form, not PDF) of relevant pleadings/Orders, separated by docket if necessary, including Case# with name of document first, followed by date of entry; as well as a copy of each of the listed pleadings/Orders (PDF)
2. Criminal background history for each party and any adult living in each home —This needs to be a STATE report for the parties in each state where they have lived for any significant amount of time. Typically, this is obtained through Courtnet by counsel. Dr. Berlá cannot accept records that the parties obtain on their own.
3. ANY protective orders or petitions, past or present, for ANY adult living in the home, whether as perpetrator or victim
4. Medical records for the children if there are special issues and ROIs to the providers so Dr. Berlá may interview as needed.
5. Children's therapy records/ release
5. Release forms (ROIs) for the children's current and previous schools or daycares.
6. The complete CHFS/DCS file for the subject children. This will require an open records request in KY. An ROI from the guardian WILL NOT be sufficient for the Cabinet. DCS may be another matter.
7. ROIs for the parties' therapists.
8. Military records for each party (Where applicable).
9. Electronic copies of supporting documents such as emails and text messages. Tests should include the entire conversational thread or they will not be useful. It is up to your discretion what you may want to provide in this category.

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COLLATERAL CONTACT FORM

This form is for any collateral contacts you would like me to interview as a part of this evaluation. All interviews are set up with collateral contacts by phone. Most parents chose to list individuals involved with the family such as teachers, pediatricians, therapists, or other important sources that may offer an important perspective or information about family dynamics, parenting or your children. Family members and friends are not usually included in a forensic evaluation. This form is limited to 6 contacts, but can be added to if absolutely necessary. Typically, 6 individuals per parent is more than enough.

It is important to state that I will request to speak with individuals whom I believe are important to this case. This means that even if some individuals are not listed here, there may be instances in which I will request to have their names and contact information so I may speak with them. It is similarly important to state that these interviews are not considered confidential. Each collateral contact's name and relationship to the family will be listed within the evaluation, along with the information they disclose. All collateral contacts have the right to not take part in this evaluation. You may choose to inform them of this limit to confidentiality prior to their phone interview with me.

If you have any questions about collateral contacts, please let me know. Below, please print each individual's name, agency/company, relationship, and contact information. This list of individuals must match the signed consents to release/exchange of information forms completed for each individual. Those release forms must be given to the informant, not to me.

Name	Phone Number	Email	Relationship to Family

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize

Dr.Kathryn Berlá to: _____ obtain from and/or _____ release to

(name and phone/fax numbers)

(address)

The following information:

_____ ANY information from records

_____ Dates of Treatment

_____ Treatment Plan

_____ Admit and Discharge Summary

_____ OTHER:

RE: _____
Self/Dependent's Name Social Security# DOB

I understand that this information is disclosed from confidential records protected by Federal law (42 CFR Part 2) and/or state confidentiality regulations. This authorization may be withdrawn at any time in writing except to the extent that the program or person which is to make this disclosure has acted in reliance on it. Upon revocation of consent, further release of information shall cease immediately. File copy is considered equivalent to the original. This authorization expires in thirty (30) or sixty (60) days following completion or termination of treatment, whichever is later.

Signature

Date

Parent/Guardian Signature (for minors)

Date

TO THE RECIPIENT OF CONFIDENTIAL INFORMATION-PROHIBITION ON REDISCLOSURE: If the information disclosed to you is related to substance abuse treatment, this record's confidentiality is protected by federal law. Federal law (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient to release substance abuse records. The federal rules restrict any use of the information to criminally investigate or prosecute any substance abuse patient. State law may also protect the confidentiality of patient's records.