



## LEGAL WORK

**BERRETT**  
PSYCHOLOGICAL  
SERVICES

You have requested legal work, such as consultation, documentation, evaluation, and similar work for attorneys. It is important for you to be aware of my ethical, legal, and professional standards in dispersion of clinical information for legal purposes.

All information discussed in the course of therapy or evaluation is strictly confidential. By law, information regarding treatment or evaluation may only be released with the written consent of the person treated or the person's parent or guardian.

**MINORS:** In the case of minors, my ethical guidelines indicate that I must involve both parents in the release of clinical information. If you are divorced, in the process of divorcing, or you otherwise have a parenting plan that indicates joint decision making regarding medical treatment, I require consent from both parents in order to release information regarding your child. Only when parental rights are terminated would I not contact a child's parent regarding the release of the child's clinical information. Clinical information will be shared equally with both parents' legal representatives.

The release of information to a court means that all clinical information may be open to the court. It is important to carefully consider whether you are willing to have any clinical information open for court review. In addition, clinical information provided with a release will in no way be skewed in favor of one parent or another. It will only contain factual information. My role in working with the client is not as a custody evaluator but as a therapist or psychological evaluator. I therefore will not make a determination regarding custody.

Legal work (preparing reports, affidavits, declarations, reviewing records for court, and court testimony, including time spent traveling and waiting to testify) will be billed at my legal rate of \$150 per hour.

**RELEASE OF INFORMATION:** I hereby authorize Kristine M. Berrett, Ph.D. to release information to my legal

Representative: \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_ fax: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If for minor, child's name: \_\_\_\_\_

Signed (child if over 12) \_\_\_\_\_ Date: \_\_\_\_\_

If additional representative involved:

**RELEASE OF INFORMATION:** I hereby authorize Kristine M. Berrett, Ph.D. to release information to my legal

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ fax: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If for minor, child's name: \_\_\_\_\_

Signed (child if over 12) \_\_\_\_\_ Date: \_\_\_\_\_