

Family Bridges:

A Workshop for Troubled and Alienated Parent-Child Relationships (FBAC)

FEE POLICY FOR FAMILY BRIDGES – 2016 Revision

1. Professional Fees: The workshop fee is \$10,000 per professional with two (2) leaders conducting the workshop no longer than four (4) days. Since 2004, all Family Bridge's workshops were completed by the end of the 4 days. If for some unknown or unpredictable reason the workshop requires an extension for another day or part of a day, it would proceed upon mutual agreement with a fee of \$2,000 per day per professional for each additional day.

- Time is computed on the basis of half-day increments. If less than a half-day increment is expended, this is considered a full half-day. For example, if two hours are spent in the evening orienting the family to the workshop, or two hours are spent on the last day of the workshop, each instance is computed as a half day. Fees for the workshop are due in advance. Additional fees for workshops that extend beyond four days are due at the time such services are rendered.

2. Travel Time: In addition to the workshop fees, workshop leaders traveling from out of town to a workshop location within the U. S. charge a \$2,000.00 fee each way for travel time.

3. Delays or Interruptions: Should the workshop be delayed or interrupted by a half day or more, such as to accommodate the late arrival of parents or children, the charge will be \$1,000 for each half-day delay (\$2,000 a full day) per professional.

4. Deposit and Cancellation Fees: A deposit of \$4,000 is due in order to reserve a time slot for the workshop in advance. If a scheduled workshop is canceled, or fails to take place at the reserved time for any reason other than a change in the workshop leaders' availability, and if the cancellation occurs with at least a 14 day advance notice, \$2,000 of this deposit will be refunded, less any charges that were incurred in connection with preparation for the workshop (such as administrative case management services and/or airfares).

- If the workshop is canceled with less than a two-week notice, the entire \$4,000 is retained and no amount is refunded.

5. Expenses: Expenses incurred, such as airfare, ground transportation to and from airports, will be paid at the time of the workshop. Lodging expenses will be charged directly to your credit card. The Workshop leaders will provide an estimate of airfare and ground transportation and expect payment prior to ticketing a flight. In the event that a ticketed flight needs to be cancelled for reasons beyond the leader's control (such as a Court postponement that necessitates rescheduling the workshop), every attempt will be made to apply the cost of the ticket to a future flight. A statement for remaining expenses will be provided at the close of the workshop and payment will be due at that time.

6. Meals: Meals are billed on a \$70 Per Diem per leader for 4 workshop days. The total per diem expense for two (2) workshop leaders is \$560.

7. Period of Fee Policy and Schedule: This fee policy and schedule remains unchanged for a period of one year from the date it is signed. If services are requested beyond this time, the fee schedule and policies may change to match the fee policy and schedule that is current at that time. If you have any questions about any of the Workshop leader's policies, please let us know

8. Instructions: Please read this fee policy and schedule carefully and review it with your attorney. It sets forth the terms of the workshop leader's agreement. If you agree with these terms, please sign in the place provided for your signature and return one signed copy to Dr. Randy Rand, Ed.D., Administrative Services Director at the designated address below or electronic email address. You should also retain a copy for your files so that you will have a memorandum of this agreement.

9. Agreement: I have read and understand the above policy and fee schedule and I agree to pay the workshop costs in accordance with the provisions detailed above for professional services and expenses.

Approved and agreed to on _____, 20_____.

1 _____
Parent's Printed Name Parent's Signature

1 _____
Step parent or partner's Printed Name Signature

2 Randy Rand, Ed.D. _____
Administrative Services Director - Printed Name Signature

Expenses as outlined in #2 and #5 above are not applicable for the Bozeman, MT, and Columbia, S.C. teams because the workshop leaders do not have travel/lodging costs associated with their services. Total costs for the workshop & per diems = \$20,560

Mail Signed Agreements to: Building Family Bridges, LLC, 775 E. Blithedale Ave. #114, Mill Valley CA, 94941: Or email to - randy@docrand.com

If needing to make a direct deposit to the US Bank Account, please ask for the Account information and it will be provided. Thank you!

FAMILY BRIDGES:

A WORKSHOP FOR TROUBLED AND ALIENATED PARENT-CHILD RELATIONSHIPS

**PARTICIPATION AGREEMENT
IN FAMILY BRIDGES 2017**

This Agreement is entered into this _____, 2017, by and between [Participants] _____ and Workshop leaders, [REDACTED] for the purposes of participation in the educational workshop, Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships ("Workshop"), as hereinafter set forth and pursuant to the following terms and conditions:

I agree to participate in *Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships* (FBAC), and I give consent for my child(ren) to participate. Participant has the legal authority to obtain and consent to these services for them.

I acknowledge that I have been informed about the workshop's experiential educational teaching and learning goals, which are as follows:

1. Facilitating, reuniting, repairing, and strengthening children's ability to maintain healthy relationships with both parents, when possible.
2. Helping children avoid being in the middle of their parents' conflicts.
3. Strengthening parents' and children's critical thinking skills.
4. Protecting children from becoming unreasonably alienated from a parent in the future.
5. Helping children maintain balanced views and a more realistic perspective of each parent as well as themselves.
6. Strengthening a family's ability to communicate effectively with one another and to resolve conflicts in a productive civilized manner.
7. Strengthening parents' skills in nurturing their children by setting and enforcing appropriate limits.

I. I understand that mutual confidentiality is expected, although the workshop leaders may be compelled by Court Order to testify in a deposition regarding their work with me and regarding their observations, conclusions, recommendations, and opinions. The FBAC leaders will do everything they can in retaining legal representation to quash subpoenas for FBAC discovery records. I promise to also retain legal representation to maintain my confidentiality and that of my children.

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II. I understand that the workshop leaders are required to disclose confidential information without my consent in certain circumstances that include the following: if a child is believed to be a danger to self or others; if the client is a minor, elderly, or disabled and the leaders believes the client may be a victim of abuse or if the client divulges information about abuse; if I file suit against a leader for breach of duty; and if a court order or other legal proceedings or statute require disclosure. I have had the opportunity to ask the workshop leaders any questions I may have on the limits of confidentiality. ***The leaders will assist me in contacting the proper authorities that deal with the issues contained in the limits of confidentiality.***

III. I understand that the workshop leaders may ask family members to complete short confidential questionnaires at the beginning and the end of the Workshop and at follow up points thereafter in its ongoing effort to assess and improve the effectiveness of the FBAC workshop. I understand that if the data collected is included in research publications, the data will not include any information or descriptions that identify members of my family or me.

I have been provided a fee schedule and understand that the workshop leaders will provide services for me and my child(ren) for the indicated fees. I understand that I may contact my attorney if I have any questions or concerns about signing this consent form.

By Participant(s): _____ / /2017
Signature Printed Name Date

FBAC Leader: _____ / /2017
Signature Printed Name Date

FBAC Leader: _____ / /2017
Signature Printed Name Date

Additional Participant(s) _____
Signature Printed Name Date

Mail Signed Agreements to: Building Family Bridges, 775 E. Blithedale Ave. #114, Mill Valley CA, 94941 Or email to: randy@docrand.com