

Mary Davis, PhD, PLLC
Licensed Psychologist

1221 W. Hays Street
Boise, Idaho 83702
208-345-7358

**Due to the complexity and diversity of different insurance company policies, it is extremely important that you check with your insurance company to assure that you are covered for the mental health services provided by Dr. Davis.

“Terms of Care” for: _____
Client Name

1. Mary Davis, PhD offers psychotherapeutic care and psychological evaluation as a Licensed Psychologist in the state of Idaho. She subscribes to and abides by the ethical principles of psychologists as stated by her profession.
2. Dr. Davis shares a suite of offices with other therapists, each of which conducts his or her individual practice independently. Dr. Davis is therefore, solely responsible for the quality of care and service for which she provides.
3. Dr. Davis’ services as a therapist are not restricted or denied to anyone on the basis of age, gender, race, religion, sexual orientation, ethnic origin, marital status or disability.
4. The privacy and confidentiality of a client’s conversations with Dr. Davis are protected both by law and ethical principles. She is obligated to keep confidential any and all information about a client’s treatment, diagnosis, history, or testing results. Exceptions to such privacy and confidentiality occur only in four instances. The first is if Dr. Davis has a trusted professional “covering” for her in her absence. That professional is bound by the same ethical principles. The second instance is when the client has given Dr. Davis written permission to confer with another professional, or when treatment and/or evaluation services are being provided both by Dr. Davis and by other professional within the same period of time, and only when the client has agreed in writing to such concurrent services. The third instance is when there is reasonable and sufficient cause to believe that a client will cause serious harm either to him/herself, or to another person. The fourth instance is when there is reasonable and sufficient cause to believe that a client may be involved in child abuse or neglect.
5. As the therapist, Dr. Davis will provide ethical service, be on time for appointments, be prepared to offer care as needed, respect, and encourage her client’s right to self-determination. She will be objective and nonpartisan in dealing with multiple clients, and share with clients all information that is in the best therapeutic interest of a client. Her approach to her clients is one of optimism and eagerness, and Dr. Davis does not agree to work with clients who, in her professional opinion, cannot be helped through the use of her professional skills and techniques.
6. Dr. Davis provides care without the presence of a receptionist. Therefore, she schedules appointments with clients herself. She also provides a voice messaging service to make appointments, hold brief telephone conversations, identifying emergencies, etc., and has established regular times during each day when she reviews and responds to her telephone messages.
7. It is expected that clients keep their appointments, pay their accounts on a timely basis, and be receptive to supplementing the therapy received in the office with “homework” or other personal growth and development efforts.
8. It is expected that adult clients will be financially responsible for services received, including all portions of fees not reimbursed by third-party insurers. Also it is expected that any

parent/guardian having legal custody that brings in a minor child for treatment and/or evaluation will be financially responsible for all services received by the child. In some cases other arrangements may be made agreed to in writing by Dr. Davis. Parents/guardians not having legal custody of their child/children are not permitted to enter their child/children into either psychological evaluation or psychotherapy.

- 9. Scheduled sessions are approximately 50 to 60 minutes long and will be charged for at the full hourly rate. Except in instances when Dr. Davis receives notice of appointment cancellation at least twenty-four hours in advance, or when a client has become suddenly ill, or when Dr. Davis has determined that the client has been prevented from coming to session by an occurrence outside of his/her control, the client will be billed the full fee.
- 10. Dr. Davis' fee for the initial session is \$140.00. Each additional one-hour session is \$120.00. Charges for services received over one hour will be charged at each fifteen minutes of service, \$30.00, whether such services are provided to clients in person or over the telephone.
- 11. Dr. Davis has an off-site billing service. For questions regarding your account, call Debra at (208) 888-4216.
- 12. Payments will be made at the time services are received unless your session is to be billed to insurance.

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I acknowledge I have received a copy of the "Terms of Care," I have read it, understand it thoroughly, accept it, and agree to it as evidenced by my signature below and also, by way of signature, I agree to enter into therapy with Mary Davis, Ph.D.

Printed Name

Signature

I, Mary Davis, Ph.D., having no reason to believe that this client is not fully competent to give full consent to treatment and believing this client understands thoroughly, accepts, and agrees to the "Terms of Care" cited above. I agree to enter into psychotherapy with this client, as evidenced by my signature below:

Mary Davis, Ph.D.

Date Signed