

Fran Davis, Ph.D.
3 Woodridge Road
Wayland, MA 01778
617.492.9224

TREATMENT AND FEE AGREEMENT

I am a licensed psychologist trained to provide individual, couples, family and group psychotherapy as well as vocational counseling. At an initial session, we will explore your concerns and will work together to develop the goals of treatment. Please feel free at any time to discuss any concerns regarding the treatment process, or desired changes to your goals.

Confidentiality

The confidentiality of discussions between therapist and client is protected by HIPAA law and will be maintained to the highest degree. In general, I will release information to others about our work together only with your written permission. The following are some exceptions:

Courts - In rare circumstances, therapist might be ordered by a judge to testify in certain legal proceedings (e.g., child custody, adoption, psychiatric hospitalizations and court ordered evaluations).

Harmful intents or acts - a) If I believe that a child, elderly or disabled person is being abused, I am required to file a report with the appropriate state agency. b) If it is my professional judgement that a client is threatening serious harm to themselves or another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking the client's hospitalization.

Physician abuse: If you have been abused by a medical doctor, I am required to report the physician to the Board of Medicine; however, I am not required to use your name in the report.

Consultation with other professionals - I sometimes find it helpful to consult about clinical work with other professional who are also legally bound to maintain confidentiality.

Use of insurance - If you use insurance, I am required to provide the insurer with clinical diagnosis, and sometimes treatment plans and clinical summaries. Massachusetts law prohibits insurers from releasing any data about outpatient mental health care without specific permission. You cannot be required to consent to such a release as a condition of coverage.

Overdue payment for services - If a client's account is overdue and suitable arrangements for payment have not been agreed to, I have the option of using other means to secure payment. In most cases, the information released would be the client's name, the nature of the services provided, and the amount due.

Under eighteen years of age - If you are under eighteen years of age, please be aware that while the specific content of our communication will remain confidential, your parents do have the right to receive general information on how your treatment is proceeding.

In almost every case of exceptions to confidentiality, I will try to discuss the situation with the client in advance.

Fees

Each client is responsible for the fees for service. The fee for individual, couples or family psychotherapy is \$ for a 50 minute session. The fee for vocational counseling is \$ for a one hour session. A testing fee of \$ will be assessed on all career test batteries (more than three tests given). Additional reports, testing, letters, consultation or time required for court appearance will be billed based on the amount of extra time needed. An adjusted fee may be negotiated in certain circumstances.

In general, clients will pay for sessions directly and seek reimbursement from the insurance carrier. I will provide documentation required for clients to obtain reimbursement from their insurance company. Payment is appreciated at the time of the visit, but it is possible for clients to be billed monthly if this is more convenient for their budget.

Appointments

All sessions are by appointment only. The client is responsible for appearing at each scheduled session on time. If the client cannot appear, they must contact the office to reschedule at least 48 hours before the appointment. If this is not done, clients are responsible for the fee (insurance cannot be billed for missed sessions). I can be reached at (617) 492-9224. Sometimes a machine will take clients' messages and I will respond as soon as possible.

Emergencies

In an emergency, clients should call at the number listed above. Make sure that you specify that the call is an emergency. I will make every attempt to notify clients in advance if I will be unavailable. If I (or a previously designated back-up) cannot be reached, clients should go to the nearest hospital emergency room to receive treatment and leave word for me or ask the hospital to continue to try to contact me.

Ethical behavior

I adhere to the ethical standards of professional psychologists. Sexual relationships with clients are unethical.

Therapy will be terminated at a mutually agreeable time according to the client's needs. The client may terminate services. If I determine that I am unable to be of assistance to a client, I will avoid initiating the relationship or terminate treatment. In either event, I will suggest appropriate alternatives. In the event the client declines the suggested referral(s), I am not obligated to continue the relationship.

I understand and agree to all of the aforementioned terms, restrictions and conditions.

Client Date

Client Date

Parent or Legal Guardian* Date
*Parental consent is not necessary if client is 18 years
of age or older

Therapist Date