



# Gary Lange, Ph.D.

Licensed Marriage and Family Therapist #25633  
 Certified Addictions Specialist and Gambling Counselor  
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## **LIMITS OF CONFIDENTIALITY and CANCELLATION POLICY**

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows: \_\_\_\_\_

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

### **Prenatal Exposure to Controlled Substances**

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

### **Insurance Providers (when applicable)**

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

**Confidentiality of E-mail, Cell Phone and Faxed Communication:** It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Please notify Dr. Lange at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

**CANCELLATION:** Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of **48 hours (2 days) notice** is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full session fee will be charged for sessions missed without such notification unless it is due to illness or an emergency. Most insurance companies do not reimburse for missed sessions.

**I have read the above Limits of Confidentiality and Cancellation Policy carefully. I understand them and agree to comply with them. I may request and will receive a copy of this form.**

	<u>        </u> X	
Client name (print)	Date	Signature
	<u>        </u> X	
Client name (print)	Date	Signature
Gary Lange, Ph.D., MFT	Date	Signature