



Gary Lange, Ph.D.

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OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law, as noted below.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Lange. In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Lange will use his clinical judgment when revealing such information. Dr. Lange will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, where Dr. Lange becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the intake form.

Health Insurance & confidentiality of records: Disclosure of confidential information may be required by your health insurance carrier in order to process the claims. If you instruct Dr. Lange only the minimum necessary information will be communicated to the carrier. Dr. Lange has no control or knowledge over what insurance companies do with the information he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and may also be reported to, congress approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database may be in question as computers are inherently vulnerable to break in's and unauthorized access. Medical data has been reported to be sold, stolen or accessed by enforcement agencies, which put you in a vulnerable position.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings, neither you (client's) nor your attorney's, nor anyone else call on Dr. Lange to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: Dr. Lange occasionally consults with other professionals regarding his clients; however, client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Your Right to Review Records: Both law and the standards of my profession require that I keep appropriate treatment records. These records are kept for seven years after termination of therapy and then they are shredded and burned. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Lange assesses that releasing such information might be harmful in any way. In such a case Dr. Lange will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon your request, Dr. Lange will release information to any agency/person you specify unless Dr. Lange assesses that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Dr. Lange between sessions, please leave a message on my voicemail (760) 773-1014 or text me and your call will be returned as soon as possible. Dr. Lange checks his messages daily, unless he is out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, an on-call therapist's number will be on the voice mail message. If you need assistance immediately, call the Police (911) or call the Suicide Helpline at 988.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee for session at the beginning of each session. Psychological tests, telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc... will be charged at the same rate, unless indicated and agreed otherwise. Please notify Dr. Lange if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. As was indicated in the section *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. The undersigned client may have his/her insurance billed. It is your responsibility to verify the specifics of your coverage.

A **Good Faith Estimate** is what the charges for psychotherapy could be for this year. While it is not possible for Dr. Lange to know, in advance, when requested, Dr. Lange will make his best good faith estimate of the yearly fee.

Private-Pay (Opt-Out) of Medicare. Gary Lange PhD, LMFT has "opted-out" from Medicare. Because he opted-out, the undersigned has agreed that he/she received the Private Pay (Opt-Out) Medical Services information..

Confidentiality of Email, Cell Phone, Texts and Faxes Communication: It is very important to be aware that email 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.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Lange and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Riverside County, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Lange can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Dr. Lange will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc... or experiencing anxiety, depression, insomnia, etc... Dr. Lange may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. Dr. Lange has a "no secrets" policy between family members in therapy. There is no guarantee that

psychotherapy will yield positive or intended results. During the course of therapy, Dr. Lange is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, existential, system/family, EMDR, developmental (adult, child, family), or psycho-educational.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Dr. Lange will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Lange's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Lange does not provide, he has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, Dr. Lange will assess if he can be of benefit to you. Dr. Lange does not accept clients who, in his opinion, he cannot help. In such a case, he will give you a number of referrals that you can contact. If at any point during psychotherapy Dr. Lange assesses that he is not effective in helping you reach the therapeutic goals he is obligated to discuss it with you and, if appropriate, to terminate treatment. If you request it and sign a Release of Information form, Dr. Lange will talk to the psychotherapist of your choice in order to help with the transition. If we have not had a session in 3 months, your treatment case will be closed. If you would like further sessions, feel free to contact me to discuss your interests.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Lange's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Dr. Lange will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. The Coachella Valley is a small community and some clients may know each other from the community. Consequently you may meet someone you know in the waiting room or out in the community. Dr. Lange will never acknowledge working therapeutically with anyone without his/her written permission. Many clients choose Dr. Lange as their therapist because they know him before they enter into therapy with him and/or are aware of his stance on the topic. Nevertheless, Dr. Lange will discuss with his clients the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is the client's responsibility to communicate to Dr. Lange if a dual relationship becomes uncomfortable for you in any way. Dr. Lange will always listen carefully and respond accordingly to your feedback. Dr. Lange will discontinue any dual relationship if he finds it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.

Telehealth: I give verbal and written consent to the use of Telehealth as an acceptable, but different mode of psychotherapy services. Every attempt is made to keep confidential information but there may be possible unintended releases of information over the internet. I understand that miscommunication between yourself and Dr. Lange may occur and could be disrupted or distorted by technical failures. Video or audio recordings of the sessions are not allowed by either party without the other party's written permission.

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 fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Agreement and Office Policies and General Information carefully, I understand them and agree to comply with them. I may request and will receive a copy of this form.

_____	X	_____
Client name (print)	Date	Signature
_____	X	_____
Client name (print)	Date	Signature
_____	X	_____

Gary Lange, Ph.D., MFT

Date

Signature