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CONSENT TO RELEASE HEALTH CARE INFORMATION

Your health care information may be used for treatment, payment or health care operations.

You have the following rights in regard to your protected psychological health care information, as follows.

- Dr. Hedges stores your health care information in access-protected electronic devices and in locked file cabinets.
- Dr. Hedges may transmit protected health care information over electronic devices such as the internet, phone or fax for purposes, such as to obtain insurance authorization and/or third party payment for your bill or to confer with another health care provider or other designated person.
- You have the right to obtain a written summary of your psychotherapy health care information. The standard hourly fee will be charged for preparation of this summary. You also have the right to amend this summary if it is inaccurate.
- You have the right to an accounting of any and all disclosures pertaining to your protected health care information.

Client _____

Date of Birth _____

I hereby authorize the release and exchange of information between Lawrence E. Hedges, Ph.D. and the following individual, agency, institution or third-party payor:

Name _____

Address _____

Phone _____ Fax _____

This authority extends to the furnishing of copies of all or any desired portions of the records pertaining to the above-named client. The following restrictions apply:

Lawrence E. Hedges, Ph.D. and the individual, agency, institution or third-party payor named above are hereby released from all legal liability that may arise from this exchange or release of information. I understand that I may revoke this consent at any time by informing the above parties in writing.

Signature _____ Date _____

Patient

Signature _____ Date _____

Parent or Guardian