

Lawrence E. Hedges, A Psychological Corporation
1439 East Chapman Avenue
Orange, California 92866
License Number PSY 3567
(714) 633-3933
lhedges7@gmail.com
www.ListeningPerspectives.com

Informed Consent for Help With Difficult Clients

Name _____ email _____ cell phone _____

Address _____ work phone _____

State License Number* _____ Driver's License _____

First Session Complimentary: Thereafter \$150 for 45 minute sessions

To Schedule a consultation call or email.

I understand that consulting with a peer or expert regarding my case work with a client is absolutely confidential unless the work involves state mandated reporting. I understand that the identity of my client must be thoroughly disguised. I understand that internet and phone communication is not considered secure and that Dr. Hedges only consults by appointment on a HIPAA secure Zoom video platform. I understand that Dr. Hedges keeps limited notes for the purpose of documenting the time and nature of the consultation. I understand that occasionally well-disguised material may be used by Dr. Hedges for teaching and/or research purposes.

I understand that case consultation involves my presenting partial and anecdotal information to the consultant which means that the consultant's ideas and/or suggestions are necessarily limited and that I must take full professional responsibility for my decisions and practice.

Signature _____ Date and Time _____

Attach Photocopy of State License

Attach Photocopy face sheet Malpractice Insurance

*State laws limit my practice to **California and abroad**.

Prelicensed trainees must submit a signed statement from their supervisor stating that the supervisor approves of the outside consultation.

Zoom Instructions: Go to Zoom website and download the app. Be on your computer or video device at the appointment time. I will email you and when you open the email we will be face-to-face. Keep your cellphone ready in case of connection problems. My cell is 714 349-5762.