

**Peggy Nadenichek, M.Ed., Licensed Psychologist**

SERVICES AGREEMENT and PRIVACY NOTICE

CONSENT FORM

(Effective: 07/01/15)

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Patient Name (Please Print)

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Patient Date of Birth

GENERAL CONSENT FOR ALL PATIENTS

I have received, read and discussed the Services Agreement and the Privacy Notice from Peggy E. Nadenichek.

I agree to participate in psychological services while abiding by the terms and conditions described in the Services Agreement and Privacy Notice.

I understand that I can revoke this Agreement in writing at any time.

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Signature of Patient (14 years and older)

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Date