

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

SERVICES AGREEMENT and PRIVACY NOTICE

CONSENT FORM

(Effective: 07/01/15)

Patient Name (Please Print)

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.

Signature of Parent/Guardian

Relation to Patient

Date

Signature of Parent/Guardian

Relation to Patient

Date

Signature of Patient (14 years and older)

Date

ADDITIONAL CONFIDENTIALITY AGREEMENT FOR ADOLESCENT PATIENTS:

In the interests of promoting privacy and efficacy for my child in psychotherapy, I consent to waive my rights to access to my child's Clinical Record, except for summary information. I have discussed this with my child's psychologist and agree to treatment in accordance with the policy described in the Minors and Parents section of the Services Agreement.

Signature of Parent/Guardian

Relation to Patient

Date

Signature of Parent/Guardian

Relation to Patient

Date