

**Peggy E. Nadenichek, M.Ed.**  
**454 Rolling Ridge Drive, State College, PA 16801**  
**Phone: (814)235-1100 Fax: (814)235-1101**  
**Website: [www.midstep.com](http://www.midstep.com)**  
**Email: [pen@midstep.com](mailto:pen@midstep.com)**

**PSYCHOLOGICAL SERVICES AGREEMENT**  
(Effective 07/01/2015)

Welcome to services provided by Peggy E. Nadenichek, M.Ed.! I look forward to getting to know you and your family. My goal is for us to work together as a team to improve the well-being of your child and family. My practice specializes in the treatment of children, adolescents, and families. At times I will work solely with an adult or a couple and in those situations, any subsequent information regarding children and adolescents can be bypassed.

This document and its attachments represent a contract between the patient, the patient's parent/legal guardian, and me, the service provider. Please review this document and the attachments (Privacy Notice, Consent Form) and ask any questions you may have before you sign it. This document explains your patient rights and responsibilities so please review it carefully.

### **SERVICES**

Before treatment of any problems can begin it is necessary to clearly define and understand the problem. With children and adolescents it is critical to assess the issues from many points of views: family, school, social, etc. We also need to understand the strengths and resources the child and family bring to the situation. In order to gain this insight and understanding my services typically use the following protocol:

1. Intake appointment consisting of a clinical interview with parent(s)/guardian if the child is under the age of 14, unless there is an extenuating emergency with a child who is under the age of 14. If the child/adolescent is 14 or over, the intake appointment includes the adolescent and parent(s)/guardian. In the case of an adult patient, the intake appointment includes the individual and anyone else the individual would like to include. The goal of this session is to review the parameters of the presenting problem, developmental history, child, family and/or extended family functioning, and your goals and hopes for improvement.
2. If the child is under 14, the second appointment includes the child and parent(s)/guardian. This appointment allows me to meet with you and your child and helps me to get a basic understanding of your child's knowledge about the reason for treatment with Peggy E. Nadenichek, M.Ed.. It also allows your child a chance to get to know me and become familiar with the surroundings at the office of Peggy E. Nadenichek, M.Ed..
3. In the case of a split custody situation, I need consent from each custodial parent/legal guardian before I can begin services. I also require a copy of the most recent custody court order and any other necessary legal documents.
4. Feedback to parents/guardians and children/adolescents occurs on an ongoing basis. After initial information gathering, I will review my impressions with the involved family members and recommendations will be discussed. This is when we will agree upon a treatment plan and how to best meet the child/adolescent/ adult and family's goals.
5. If further information and/or exploration of the issues is necessary, that will be part of the treatment plan.

## **PRIORITIZING CARE**

I strive to provide the best care for my patients every day that I come to work. It is rare that I have unscheduled time where I am not serving the needs of one of my clients. This means that I am not always available to answer the phone directly or return calls immediately. You will usually get our automated attendant when you call.

If you need to reach me between your scheduled appointments, please call me at the office at (814) 235-1100, Ext. 106 and leave a voicemail, phone number, and good time to call you back. If you do not hear from me in a timely manner, please do not hesitate to call again. If email is convenient for you, my email address is [pen@midstep.com](mailto:pen@midstep.com) and I check it regularly, unless otherwise specified.

## **CLINICAL EMERGENCIES**

If you are experiencing a mental health crisis please try to call me at the above number. If I am unavailable, please leave a message alerting me to the crisis situation. Then call the Mental Health Crisis Line number in your area:

State College Area: 800-643-5432

Altoona Area: 814-946-2141

**If the situation is life-threatening, call 911**

## **APPOINTMENTS**

The initial Intake appointment usually lasts about one hour. Additional assessment, evaluation, or consultation appointments often involve 60-minute sessions, while psychotherapy appointments typically involve 45-55 minute sessions. Frequency of sessions is often once a week, though it will vary depending on the treatment needs. Limited evening and Saturday hours are available

If you are unable to keep a scheduled appointment, please notify me at least 24 hours in advance to cancel or reschedule it. If calling after hours, please leave a voice mail message that indicates the appointment date and time, the reason for the cancellation, and a phone number to call to reschedule. Except in emergencies or in cases of illness, or inclement weather, I will consider charging a cancellation fee for failing to provide 24-hour advance notice:

Late Cancellation (less than 24-hour notice) \$30

No Show (no prior notice) \$60

If Mother Nature sends snow or other inclement weather, I will contact you by telephone or you can contact me regarding the weather conditions in our respective areas. I realize some people live close to our office and some people (including me) do not. My motto is always "it's better to be safe than sorry". **I will make every attempt to contact you in the event of bad weather and will specifically check for messages from you.**

## **TREATMENT**

I strive to provide the highest quality of care and produce the best results possible for you and/or your child/adolescent. I am here as a support to you and your family in managing life's stressors and making healthy changes. Unfortunately, there are no guarantees and I cannot make you and/or your child/adolescent change. While I have an expertise in child and family development and child psychopathology, you are the expert regarding yourself, your child/adolescent, and family. I will support, guide, encourage, and at times challenge you and your child/adolescent to make meaningful

changes. However, only you know what is ultimately right for you and your family and how you can best improve. In the end, you or your family will take away from this what you put into it.

In order for you to benefit the most from treatment, I will need your commitment and cooperation in the following ways:

- We need to make every attempt to start the session promptly. Sessions are typically 45-55 minutes and then I use approximately 10-15 minutes to write notes, make phone calls, review your case, etc. If you are late for a session we will still conclude at the usual time. If I am running late we will make adjustments so you have your full session.
- Please be mindful of the time you have during a session and come prepared. Feel free to bring notes or an outline, if these help you, or send information along for me to review. Try to be as focused as possible on the issues at hand and how they relate to the goals of treatment for you, your child/adolescent, and family.

### **CONFIDENTIALITY AND ITS LIMITATIONS**

All of my psychological services are kept strictly confidential. That is, information about your assessment or treatment will not be revealed to anyone outside of my office staff without your permission. However, there are exceptions and limitations to confidentiality, as required by law. In short, patient information may be provided to the appropriate authorities, with or without your consent, under the following conditions:

- As court ordered by a judge
- If any concerns arise about possible child abuse
- If any concerns arise about possible imminent danger to self or others (e.g., risk of suicide or homicide).

Other conditions regarding your confidentiality of your Protected Health Information (PHI) may also apply, as described in the attached Privacy Notice. Please review this as it describes in detail your patient rights according to federal laws, including the Health Insurance Portability and Accountability Act (HIPAA).

### **MINORS & PARENTS**

Patients under 18 years of age who are not emancipated and their parents/legal guardians should be aware that the law generally allows parents/guardians to examine their child's treatment records or PHI. However, because privacy in psychotherapy is often crucial to successful progress, especially with teenagers, parents/guardians have the option to consent to give up their access to their adolescent's records. If we agree to such an arrangement, then I will only provide you with general information about the progress of your adolescent's treatment, and his/her attendance at scheduled sessions. However, I always welcome input from parents/guardians and/or the opportunity to meet together if it is mutually agreed upon or is an emergency situation.

Any other communication will require your adolescent's specific authorization, unless the teen appears to be in imminent danger or is an imminent danger to someone else, in which case, I will notify the parents/guardians immediately. Before giving parents/guardians any information, I will discuss the matter with your teen, if possible, and address any concerns he or she may have.

### **PROFESSIONAL RECORDS**

The laws and standards of our profession require that we keep Protected Health Information (PHI) about you or your child in your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which the problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that we have sent out, including

reports to your insurance carrier.

Except in unusual circumstances (eg., possible danger to yourself or others; information that is supplied confidentially by others; certain references to another person), you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in the presence of myself, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge for expenses incurred in producing or copying records. If I refuse your request for access to your records, you have a right of review or appeal.

## **FEES**

My standard fee is \$160 per hour for therapy and \$180 per hour for court services, rounded up to the nearest quarter hour. The exception to this is the initial intake appointment which is \$240. I charge for all of my professional time related to evaluating or treating your child or family, including but not limited to: therapy sessions, phone consultations, electronic or letter correspondence, report writing, records review, consultation with other professionals, court testimony, case management, etc. Brief phone calls or e-mails such as those to schedule appointments or follow-up on business will typically not be charged.

Fees are subject to change with 30 days' notice.

## **INSURANCE REIMBURSEMENT**

**General Information**—Health insurance benefits in general, and coverage for mental health services in particular, have grown increasingly complex in recent years. It is more important than ever for you to understand your mental health benefits before beginning treatment, so that we can set realistic treatment goals and priorities that you and your family can afford. Review your health insurance manual or contact your member services representative or plan administrator if you have any questions about your coverage. In addition, the administrative staff at my office can help you understand the information you receive from your insurance company, and when necessary we will call the company on your behalf to resolve any outstanding issues.

Many Managed Health Care plans, such as HMO's and PPO's, will provide benefits only if services are rendered by a therapist who is in their provider network. Please be advised that if I am not a provider in your health plan's network, and you choose to work with me anyway, then you will be required to pay the full fee at the time services are rendered. If this is not financially feasible, or poses financial difficulties as treatment progresses, I will be happy to help you find an in-network provider who can meet your needs.

Please be advised that your contract with your health insurance company requires me to assign and provide a clinical diagnosis. Many insurance companies also require me to provide treatment plans, progress reports, and in some situations, your entire clinical record. When providing information to your insurer, I make every effort to release only the minimum amount of information needed to satisfy their request. Please note, however, that the information I do provide becomes part of your insurance company's files and will probably be stored on a computer. Although all insurance companies are required to protect the confidentiality of such information, I have no control over the manner in which your insurance company uses or discloses your information.

**Patient Responsibilities**—If you have health insurance that provides coverage for mental health services, then you will be expected to remit payments as required by your insurance plan at the time services are rendered. This includes, but is not limited to: co-payments, co-insurance, deductible amounts, fees for non-covered services, and third-

party payments.

If your insurance plan requires pre-certification for mental health services, you must obtain an initial referral from your insurance company prior to the first appointment to avoid additional fees. I will request approval of any additional services after the initial course of treatment, if needed.

If I am a provider in your insurance company's network, my administrative staff will submit claims for you, but you are responsible for providing correct and complete information about all policies covering the patient so that we can prepare timely and accurate claims. You will be responsible for paying any claims that are rejected due to your failure to provide correct information to me in a timely manner.

### **BILLING & PAYMENT**

You are expected pay for services when they are rendered according to the applicable rate schedule in affect at that time, unless you have insurance coverage requires another arrangement (see Insurance Reimbursements above).

If you are experiencing extreme financial hardship and cannot pay the full fee on the date of service, we may be able to negotiate a reduced fee or payment installment plan.

### **PAST DUE ACCOUNTS**

If your account becomes past due, late fees and interest charges may be applied. In addition, delinquent accounts may result in the termination of services and/or the referral of your account to a collection agency or small claims court. Collection proceedings will require me to disclose information that would otherwise be confidential, such as your name, address, telephone number, social security number, the nature of services rendered, and amount due. As with any disclosures we make of protected health information, disclosures to a collection agency will follow the "minimum necessary rule." Our collection or legal fees may be applied to you as well.