

# Quo Vadis Therapy Center, LLC

Located at Arden Woods Psychological Services  
Informed Consent & Agreement to Receive Services/  
Acceptance of Policies & Notice of Privacy Practices

Joseph W. Pribyl, MA, LMFT  
900 Long Lake Road, #320  
New Brighton, MN 55112  
Phone: 651-398-5847  
www.qvtherapy.com

By signing below you are indicating that you have received, read, discussed with me any questions you have about the psychotherapy agreement with Joseph W. Pribyl, MA, LMFT, use and disclosure of your health information detailed in the NPP, policies of Quo Vadis Therapy Center, LLC, and have understood the information that has been given to you about these matters. Your signature below also indicates your willing consent to receive psychotherapy services from Joseph W. Pribyl, MA, LMFT. If you would like a copy of the psychotherapy agreement, NPP, and/or policies, you can request one at any time or find it at [www.qvtherapy.com/forms](http://www.qvtherapy.com/forms).

---

Client 1 - Print Name	Signature (Parent or Legal Guardian if Client Is a Minor- Indicate Relationship to Minor)	Date
-----------------------	---	------

---

Client 2 - Print Name	Signature (Parent or Legal Guardian if Client Is a Minor- Indicate Relationship to Minor)	Date
-----------------------	---	------

---

Client 3 - Print Name	Signature (Parent or Legal Guardian if Client Is a Minor- Indicate Relationship to Minor)	Date
-----------------------	---	------

---

Client 4 - Print Name	Signature (Parent or Legal Guardian if Client Is a Minor- Indicate Relationship to Minor)	Date
-----------------------	---	------

---

<u>Joseph W. Pribyl, MA, LMFT</u> Psychotherapist/ Licensed Marriage & Family Therapist	Signature	Date
---	-----------	------

---

## Office Use Only

If client's signature was not obtained, explain why:

---