

# Quo Vadis Therapy Center, LLC

Located at Arden Woods Psychological Services  
Consult Informed Consent & Notice of Privacy Practices

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## **NOTICE OF PRIVACY PRACTICES (NPP) REGARDING USE/DISCLOSURE OF YOUR HEALTH INFORMATION PERTAINING TO A CONSULTATION PRIOR TO STARTING THERAPY (IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT—HIPAA)**

**Confidentiality:** A consultation about whether or not to start therapy at Quo Vadis Therapy Center, LLC **does not** constitute or establish a therapeutic relationship between the therapist, Joseph W. Pribyl, MA, LMFT, and the person(s) attending the consultation, nor does it constitute therapeutic advice. Generally, a therapeutic relationship is considered to exist with the scheduling of an initial intake session. In a therapeutic relationship, the law protects the privacy of all communication between a client and mental health professional, and I am limited in what information I can release to others about your treatment without a signed written authorization from you. However, information that you share with the therapist during a consultation will be treated very similarly to how, in general accord with applicable state/federal statutes and ethical codes regarding client confidentiality, that same information would be handled after a therapeutic relationship has been established. In other words, what you share in a consultation, including information of your scheduling/attending a consultation, will be kept in confidence and not be shared with others outside of the consultation. However, with the following situations/exceptions, which is not an exhaustive list, your authorization is not required for me to release your health information regardless of the existence of a therapeutic relationship:

- 1) Therapist's duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
- 2) Therapist's duty to report suspicion of abuse or neglect of children or vulnerable adults.
- 3) Therapist's duty to report prenatal exposure to cocaine, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, and excesses and habitual use of alcohol.
- 4) Therapist's duty to report misconduct of mental health or health care professionals, or in the event of a complaint or legal process you may initiate against me.
- 5) Therapist's duty to provide a spouse or parent of a deceased client access to their child's or spouse's records.
- 6) Therapist's duty to provide parents of minor children access to their child's records. Minor clients can request, in writing, that particular information not be disclosed to parents.
- 7) Therapist's compliance with privacy rules, health oversight activities, public health authority, or requests of a medical examiner as authorized by law.
- 8) Therapist's duty to release records if subpoenaed by a court of law.
- 9) Therapist's obligations to contracts (e.g., to employer of client, to an insurance carrier or health plan.)
- 10) Therapist's treatment of individuals being seen under worker's compensation claims.
- 11) Therapist's duty to provide information to military, Veterans Affairs, or other such entities for national security purposes.

The following contact information is requested in the event that any confidentiality exceptions, such as those above, must be applied or for me to contact you to provide appointment reminders, follow-ups on your status and/or intent to commence or continue therapy, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact. Please provide contact information with which you are comfortable receiving such correspondence from Quo Vadis Therapy Center. Please note that by their electronic nature, correspondence by means of telephone, cell phone, e-mail, etc. may not be as secure as face-to-face communications.

Address(es) of individual(s) requesting a consultation:

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Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

By signing below you are indicating that you have received, read, and understood the information in this document, and you have discussed the contents with Joseph W. Pribyl, MA, LMFT to your satisfaction. If you would like a copy of this document, you can request one at anytime or find it at [www.qvtherapy.com/forms](http://www.qvtherapy.com/forms).

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Individual 1 - Print Name                      Signature                      Date

\_\_\_\_\_  
Individual 2 - Print Name                      Signature                      Date

\_\_\_\_\_  
Individual 3 - Print Name                      Signature                      Date

\_\_\_\_\_  
Individual 4 - Print Name                      Signature                      Date

Joseph W. Pribyl, MA, LMFT  
Licensed Marriage &  
Family Therapist                      Signature                      Date