



Vanessa C. Cantu, Ph.D., LPC
4940 Broadway Street, Ste. 136
San Antonio, TX 78209

**Visitor Acknowledgement Regarding Attendance at a
Counseling, Coaching, or Consultation Session**

I, _____ understand that I have been invited by
_____ to attend a counseling, coaching, or consultation
session(s) with that person and Dr. Cantu.

I understand that the matters discussed during the session(s) are confidential by law. I have been asked to keep any information disclosed or discussed during the session(s) as confidential and not disclose or discuss that information with any other person(s). By my signature below, I agree to honor this request.

I understand that confidential and/or sensitive information that may be disclosed or discussed during the session may be upsetting or uncomfortable to me. By my signature below, I agree that Dr. Cantu is not responsible for any problems or discomfort that may arise from my decision to attend the session(s) as an invited visitor.

By my signature below, I acknowledge and agree that Dr. Cantu is not my counselor and I have no counseling, business or personal relationship with her of any kind. I acknowledge and agree that if I desire to seek counseling in the future, it will need to be with another counselor and not with Dr. Cantu.

Unless otherwise specified in writing, this consent does not give permission to Dr. Cantu to discuss any confidential information with me any time after the session(s), and I agree that I will not ask her to do so. I also acknowledge and agree that if I refuse to sign this form, Dr. Cantu will not allow me to attend the session(s) as requested.

Signature of Visitor

Date

Printed Name of Visitor

Date(s) of Collateral Session(s) Attended:
