



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

**Informed Client Consent for a Visitor to attend a  
Counseling, Coaching, or Consultation Session**

I, \_\_\_\_\_ understand that I may choose to invite a person or persons to be present during a session or sessions with Dr. Cantu. I acknowledge and understand that Dr. Cantu would prefer that there be no visitors to my sessions. If I choose to invite a visitor into my session(s), I understand that the confidentiality of the matters discussed during the session(s) may be compromised. I understand that Dr. Cantu will use her clinical discretion when she chooses to share or reveal confidential and/or sensitive information during the session with the visitor present. I also understand that the matters discussed during session may be upsetting or uncomfortable to me or my visitor(s).

By my signature below, I agree that Dr. Cantu may refuse to allow any visitor into any session and that her decision is final. I further agree that Dr. Cantu is not responsible for any problems or discomfort that may arise from my decision to invite a visitor(s) into my session(s). I further agree that Dr. Cantu is not responsible for any subsequent use of confidential or sensitive information by the visitor(s) that arises from my decision to invite that person(s) into my session. Unless specified in writing, this consent does not authorize Dr. Cantu to discuss any confidential information with the visitor(s) any time after the session(s). I have clarified to Dr. Cantu that the following topics should NOT be mentioned during the time that the visitor comes to the session:

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This document supplements any and all previously signed informed consents.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
Date

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

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