

# Giovanni Valdiva

*Licensed Professional Counselor  
National Certified Counselor*

## *Informed Consent for Counseling*

### GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

### QUALIFICATIONS

I hold a Master of Arts degree in Clinical Mental Health Counseling, from Sam Houston State University. I am registered as a Licensed Professional Counselor (License #82877) with the Texas State Board of Examiners of Professional Counselors. I am also a National Certified Counselor through the National Board of Certified Counselors. Additionally, I am a member of Chi Sigma Iota, which is the international honor society for professional counselors.

### THE THERAPEUTIC PROCESS

You have taken a very positive step by deciding to seek counseling. The outcome of your treatment depends largely on your willingness to engage in this journey, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on emotional discomfort including strong feelings of anger, depression, anxiety, etc. There are no miracle cures and specific results are not guaranteed. I cannot promise that your behavior or circumstance will change. I can promise to support you along this journey and do my very best to understand you and help you clarify what it is that you want for yourself.

### CONFIDENTIALITY

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. However, there are some limits to the client held privilege of confidentiality, including but not limited to"

- If a court of law issues a legitimate subpoena for information stated on the subpoena.
- If a judge signs a validly executed search warrant or compels me to testify in court.

- If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
- If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
- If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse, or suspected neglect of, children under the age of 18 years of age, persons with disabilities, or elderly persons.
- Information may be provided to parents, if the client is a minor.
- If you file a complaint or lawsuit against me, I may disclose relevant information to defend myself.
- If you die and the communication is important in matters affecting your estate.
- If I find that you are seeking treatment to avoid detection or apprehension, or to enable anyone else to commit a crime.
- If you disclose a sexual relationship with a past mental health professional, or serious misconduct on the part of another licensed professional, I am obligated to report this to the proper authorities and licensing entities.
- Should you want me to acknowledge you as a client or to disclose information any person and have verbally or in writing requested me to do so.
- If at any time, I have concerns about a particular issue, I may discuss that issue with a qualified and trusted attorney, but the privilege extends to that attorney who must also maintain the confidentiality and may only discuss the issue with me.

#### CONFIDENTIALITY CONCERNING OTHERS ATTENDING YOUR SESSION

The following is not a legal exception to your confidentiality; however, it is a policy you should be aware of. If you decide to invite another person(s) into your individual counseling session(s) including but not limited to your spouse/partner, please know: As careful as I will try to be, there may be disclosure of some of your confidential information on my part. Your signature on this document indicates that you understand and accept the risks regarding your confidentiality if you choose to involve/invite your spouse/partner/other persons(s) in/into your counseling session(s).

#### CONFIDENTIALITY WITH CHILDREN

If your child is in play therapy with me, please know that confidentiality is an important part of our work together. Although it may look like we are "just playing", your child is working on his or her problems. As a parent of a young child (ages 10 and under) you have a right to understand

the difficulties your child may be experiencing, however, your child needs to be able to trust that I will hold certain things in confidence. I will therefore speak with you regarding the themes I witness in the playroom.

If I determine your child is in danger or unsafe in anyway, I will let you know immediately. If there is something I feel you need to be aware of, I will likely have you come in at the end of our play session and your child and I will talk to you together about this. We will schedule parent consultations regularly, and I will keep you apprised of your child's progress in therapy. You do have the right to ask specific questions, and I will always answer those questions as best I can, while honoring your child's confidentiality.

### CONFIDENTIALITY WITH ADOLESCENTS & TEENS

I use my best clinical judgment regarding the information that adolescents/teens sometimes disclose in sessions. This is a time of tremendous growth and change in their lives, as well as a time of experimentation and increasing age-appropriate autonomy and separation from their parent(s) or legal guardians. This can put me in the difficult position of being aware of behaviors that may be illegal and/or present some level of risk (for instance, lying, stealing, engaging in sexual behaviors, or experimenting with substances), but which are not necessarily imminently life-threatening. A teen may feel comfortable sharing things with me, which they simply are not willing to discuss with their parents. So I want to clarify at the outset that I try to honor the teen's confidentiality whenever possible, knowing that if and when I do break confidentiality and report things back to the parents or guardians, it can irretrievably damage the therapeutic relationship and interfere with making progress and meeting goals.

If I determine your child is in danger or unsafe in anyway, I will let you know immediately. If there is something I feel you need to be aware of, I will likely have you come in at the end of our session, and your child and I will talk to you together about this. We will schedule parent consultations regularly, and I will keep you apprised of your child's progress in therapy. You do have the right to ask specific questions, and I will always answer those questions as best I can, while honoring your child's confidentiality.

### NO SECRETS POLICY IN COUPLES COUNSELING

When a couple enters into counseling, it is considered to be one unit. This means that my allegiance is to the couple "unit," and not to either partner as individuals. I find this is particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a strict "No Secrets" policy. This means that I will not hold secrets for either partner. This policy is intended to allow me to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated. On occasion during the counseling process, individual partners may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple's counseling relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. If an

individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple's session, I may determine that it is necessary to discontinue the counseling relationship with the couple. If there is information that an individual desires to address within a context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couples/marital counseling relationship.

### LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, by signing this you agree that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the counseling/therapy records be requested.

### DIVORCE AND/OR CUSTODY CASES

At Light Path Counseling, PLLC (LPC), we are not custody evaluators and cannot make any recommendations on custody. We can refer you to a licensed professional who DOES provide custody evaluation if needed. Due to the sensitive nature of divorce and all potential issues that may arise in such cases, we have very specific policies to which you must agree before we enter a counseling relationship:

1. (LPC) requires a copy of any most current standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session.
2. (LPC) may require to have contact and written/signed consent with/from both legal guardians before we see the child for counseling.
3. In the case there is a final-decision maker on health-related issues who wants the child to be seen for counseling even in the case the other parent does not agree, it is to the discretion of your therapist as to whether the child will be seen.
4. (LPC) will provide an interview with any court-ordered Guardian ad Litem (GAL) and/or custody evaluator (CE) whom the court has ordered will have access to the child's records and any time spent speaking with the GAL or CE will be billed to and paid by you, the client at our court-related-fee hourly rate.
5. We require all clients waive right to subpoena any of our therapists to court. By signing this Agreement, you are acknowledging and agreeing NOT to have us subpoenaed to court. This

policy is set in order that we can preserve the integrity of the therapeutic process and relationship with you and/or your child(ren).

6. In the case the above policy regarding subpoenas and court is waived or disregarded, and we are subpoenaed to appear in court -- even with a waiver of this policy-- you will be billed for the full standard fee for Court Related work of \$500 per hour for all professional time. Any time dedicated to any court-mandated appearance including preparing documentation, discussions with lawyers and/or the guardian ad litem in connection with the court appearance and any time spent waiting at the court house in addition to time on the stand as well as any travel time will be billed at \$500 per hour. Any reduced fee granted will not apply to court related work.

### FEES FOR COURT

There is a 4-hour minimum charge (\$500.00 per hour) if I must appear in court. The fees are to be paid a full 48 hours in advance of the court appearance. Any additional fees incurred after payment will be due within 48 hours after my appearance in court. You also agree to pay a reasonable per page fee (\$1.00 per page) for copies of any records you request, and to pay any associated fees such as a notary, postage, parking, etc. Additionally, you will be responsible for any attorney's fees I incur in responding to such a subpoena.

### PROFESSIONAL CONSULTATION

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

### AUDIO & VIDEO RECORDING

Audio and/or video recording of any nature, unless authorized by your clinician, is strictly prohibited on the premises of Light Path Counseling, PLLC.

### CONFIDENTIALITY IN PUBLIC SETTINGS

If we run into each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but it is not appropriate to engage in any lengthy discussions outside of the therapy office. Be assured, I will not be offended if you do not acknowledge me in public. If any situation like this arises, please know that we can discuss it during your next therapy session.

### LENGTH OF TREATMENT

Some clients need only a few counseling sessions to achieve insight and their goals, while others may require months or even years of counseling. As the client, you are in complete control and may end our counseling relationship at any time. When you are ready to leave therapy, all you must do is give me advance notice. I may ask that you participate in a termination session for the purpose of reviewing our work together and creating a positive ending.

### CLIENT RECORDS

I am required to keep appropriate records of the counseling services that I provide. Texas Administrative Code 681.41(p) states that I must retain patient records for a minimum of five years from the date of our last contact, before destroying them. Your records are maintained electronically and are encrypted for further security. They cannot be accessed by others. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Please refer to my “Notice of Privacy Practices” about how your personal health information may be used and disclosed and how you can access this information.

Except in unusual circumstances that involve danger to yourself, you have the right to ask for a copy of your file. However, because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, my policy is that I do not provide a “copy” of session notes for clients or parents/guardians of my clients. Instead, for confidentiality/privacy/protection of rights and for safety reasons, I provide an appropriate summary of treatment. Otherwise, my policy is that you initially review the copy of your record with me or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decisions reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. In most cases, I am allowed to charge a reasonable per-page fee (and for certain other expenses).

### CONTINUITY OF RECORDS

In the event of my death, incapacity, the termination of my counseling practice, or other unforeseen occurrence, my clients’ mental health records will be transferred to another clinician of my choosing, who will facilitate the transfer of your care and coordination of your treatment.

## RATES AND INSURANCE

Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment. Some insurance companies require a precertification before the first appointment or they will not cover the cost of services.

Our current fees are as follows:

- Initial Intake Appointment: \$130-\$175
- Counseling Sessions: \$130.00-\$175.00
- Patients with insurance: the negotiated rate with each insurance company
- Written reports/paperwork (insurance companies, supervisors, letters, etc.): \$50.00

These fees are reviewed annually. In the event that we raise fees we will contact you before the change in January.

We also provide telephone and online therapy sessions. Some health insurance carriers cover telehealth (telephone/online therapy). If your insurance plan does not cover teletherapy, it is your responsibility to pay our full rate of \$130-\$175 or in some cases the contracted rate of the insurance company.

We are happy to assist you by having our Business Manager file claims to your insurance company on your behalf. However, you, not your insurance company, are responsible for payment of the fee for therapy. Acceptable forms of payment include major credit cards, and payment is expected at the time of service. **Cancellations or missed appointments without 24 hours notice will be subject to a \$75.00 charge, and insurance companies do not pay charges for missed appointments.** If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service. In addition, we do not bill secondary insurance.

*We check insurance benefits as a courtesy for our clients. There are times when insurance misquotes benefits. In the event of a misquote, clients are still responsible for their copay/coinsurance/deductible amount that insurance reports after claims are submitted.*

Clients can call their insurance company to check their own benefits as well by calling the number on the back of their insurance card.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, we will provide you with information to send to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

As part of our policies we keep a credit card on file in our secure online system for all clients (Therapy Notes). This credit card will be charged for your appointment for our agreed upon session fee unless a 24-hour cancellation is provided or if we have other payment options arranged. By signing this informed consent, you agree to keep a current credit card on file and agree to be charged for your sessions and any late cancellations or no-show appointments.

### *SOCIAL MEDIA POLICY*

In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. We do not accept friend or contact requests from current or former clients on any social networking sites including Twitter, Facebook, LinkedIn, etc. We will not respond to friend requests or messages through these sites.

We will not solicit testimonials, ratings or grades from clients on websites or through any means. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly.

Please do not contact us through text messages or emails regarding clinical issues. These are not a secure communications, and there is possibility that we will not get the message in a timely manner, or that communication will be interpreted in an unclear manner. If you need to contact your therapist between sessions, please call 832-205-8615. Emails are only to be used for scheduling, changing or canceling appointments.



### PROFESSIONAL RECORDS

Both law and the standards of our profession require that we keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you agree that the requested information released and sign a release of information form from Light Path Counseling, PLLC.

### USE OF DIAGNOSIS

If you file for “out-of-network” benefits with your insurance company, please know that most insurances require a diagnosis of a mental health “illness” before they will reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will discuss it with you. Any diagnosis made will become a part of your permanent insurance records.

### TERMINATION OF SERVICES

Ending relationships can be difficult. It is therefore important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you, exploring the reasons and purpose of terminating.

The following are situations in which I will end out therapy:

- If you are not active in treatment, which I define as attending at least one therapy appointment per month, unless we have made prior arrangements
- If it becomes reasonably clear you are not benefitting from the counseling relationship
- If I am, in my judgment, not able to help you because the kind of problem you have is not within my scope of practice
- If it is in your best interest to work with someone else
- If we have contracted for a specific short-term piece of work, we will finish at the end of that verbal or written contract
- If you are violent towards, threaten verbally or physically, or harass me or anyone in my office or family, I reserve the right to terminate you unilaterally and immediately from treatment
- If you bring a weapon anywhere on the premises, including into my suite of offices or waiting room

- If you say or do anything that makes me feel extremely uncomfortable, to the extent I am no longer able to provide you with the necessary therapeutic environment or with “unconditional positive regard”
- If you come to sessions under the influence of alcohol or other substances (even after we have discussed and attempted to remedy the situation)
- If recommendations are not followed after repeated discussions (such as seeking consultation or refraining from dangerous practices)
- If payment is not timely

If I terminate you from therapy and professional counseling is still indicated, I will inform you and take reasonable steps to provide referrals to another qualified counselor and/or alternative sources of care that may be available to help you. You are responsible for contracting and evaluating those referrals/alternatives, and I cannot guarantee they will accept you for therapy. You may choose someone on your own, or from another referral source.

### REFERRALS

Clients may obtain a second opinion from another mental health professional at any time, and you may request that I refer you to another provider. There are many forms of mental health assistance and alternative/complimentary therapies available in The Woodlands, Spring, and the Greater Houston area. It is perfectly appropriate to ask me about such alternatives, and I will provide information as possible. However, when I give referrals to, or suggestions about, another provider or service, it is ultimately your responsibility to research, ask questions, and make your own decisions about them. I cannot be held liable for the professionalism of another provider or the efficacy of another service or approach.

### DUPLICATION OF SERVICES

In general, I cannot enter into a counseling relationship with a client who is already under the care of another licensed mental health professional. This is considered a duplication of services and it violates my professional codes of ethics. If you are seeing another counselor, please discuss this with me so we can determine the appropriate course of action.

### DUAL RELATIONSHIPS

Our relationship is a professional one, and therefore I will avoid initiating or having any relationship with you outside of the counseling relationship. A dual relationship is defined as any non-counseling activity that is initiated by either the counselor or client for the purpose of establishing a non-therapeutic relationship, and should be avoided. Therapy never involves sexual or exploitative activity or any other dual relationship that impairs my objectivity, clinical

judgment, or therapeutic effectiveness. However, not all dual or multiple relationships are avoidable, unethical, or harmful. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, and often it is impossible to know that ahead of time. I will carefully assess before entering into any non-sexual and non-exploitative dual relationship. It is your responsibility to communicate with me if a dual relationship becomes uncomfortable for you in any way. I will discontinue the dual relationship if I find it interferes with your welfare or the effectiveness of the therapeutic process. You, of course, can do the same at any time.

### GIFTS

There are times when a client feels close to their counselor and wants to express gratitude in some way. Please understand that the best thanks for me is knowing you are benefitting from counseling and working towards your goals! I am not allowed to accept gifts from you, or from anyone related to you, with the rare exception of an inexpensive, token, or homemade item, valued at less than \$50.00. An exchange of small gifts or greeting cards/notes of appreciation between a counselor and client at the successful conclusion of therapy can be considered appropriate. However, by no means do I ever expect anything from you except for your attendance at, participation in, and payment for your scheduled sessions.

### USE OF TOUCH IN THERAPY

I sometimes incorporate non-sexual touch as part of counseling. (Sexual touch of clients by therapists is unethical and illegal.) I will ask your permission before touching you and you have the right to decline/refuse to be touched without any fear or concern of a negative response or reaction from me. Examples of touch used in therapy are: me patting you on the arm, back, or offering a “high-five” after an accomplishment, touching your hand or arm to encourage you to continue talking at a difficult moment, offering a hug to an adult/child client in response to an upsetting or happy event. Any kind of touch used in therapy should be mutually agreed upon, with the most important and overriding consideration always being your level of comfort with it. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions, or memories that may be upsetting, depressing, evoke anger, etc. Sharing and processing such feelings with me, if they arise, may be a helpful part of therapy. You may request not to be touched at any time during therapy without need to explain it, if you choose not to, and without fear of any negative consequence from me.

### COUNSELING APPROACH

My counseling philosophy can best be described as relationship-based and eclectic in nature. I feel each therapy should be as unique as the individual and that engaging a warm genuine relationship is the essential factor in helping clients work towards their desired outcomes. I use a

variety of resources and approaches, but much of my work is based on an integration of Person-centered and Adlerian approaches. Often I may also utilize elements of cognitive-behavioral therapy, Gestalt techniques, and mindfulness-based techniques to meet clients where they are. I believe individuals are the experts on their own lives, but sometimes need guidance to grow and move toward wholeness and health. It is also my belief that family dynamics and early childhood experiences form people into who they are, and impact relationships throughout life.

### OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to what I am doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns and can request that I refer you to someone else if you decide that I am not the right therapist for you. You are free to leave therapy at any time.

## **Mentalyc Informed Consent**

### General Notice

I have a legal and ethical responsibility to make my best efforts to protect all communications that are part of our psychotherapy sessions. I have chosen to use Mentalyc's note-taking system for psychotherapy as part of my effort to provide the best care to my clients. It provides me with an automatically generated transcript and summarization of our sessions. Mentalyc's system is HIPAA compliant and uses up-to-date encryption methods, firewalls, and backup systems to help keep your information private and secure. You are consenting for me to record our sessions using Mentalyc's system.

### Details

Recordings of our sessions will be transcribed and summarised by Mentalyc's HIPAA-compliant technology. Mentalyc doesn't store the recordings and client personal information. I may choose to keep the summarised notes as part of your confidential medical record. Mentalyc only keeps anonymized data to help improve the tool. As with any technology, there are certain risks and benefits, which I will list here:

#### Risks:

All technology contains a risk of confidential information being disclosed. You can ensure the security of our communications by only using trusted secure networks for psychotherapy

sessions and having passwords to protect the device you use for psychotherapy. Mentalyc mitigates this risk by ensuring up-to-date technological security and storing the data with as little identifying information as possible.

Mentalyc Researchers will have access to your de-personalized transcripts (transcript content with removed names, emails, and other identifying information).

The system may contain unknown bias in the way it generates the session summary and presents clinical information. This risk is mitigated by your therapist's commitment to review and modify the note as needed using their clinical expertise.

Benefits:

The technology allows the therapist to focus more of their attention on therapy.

Removes the need for taking notes or trying to remember information during and after the session.

Mentalyc reduces the therapist's workload and may help with compassion fatigue.

The technology may provide additional clinical insights for the therapist which helps improve outcomes in the therapeutic process.

By signing this consent, you are agreeing to allow your therapist to use the Mentalyc software.

Name: \_\_\_\_\_

Date and Place: \_\_\_\_\_

Signature: \_\_\_\_\_

### SESSIONS WITH MINORS

It is our policy at Light Path Counseling, LLC, that the parent or guardian of a client who is a minor, must remain on the premises during an individual session or a play therapy session. Occasionally a child or minor client, who is in therapy, may become unwell, or become upset over something that has come up for them during the session. At that point, the session is no longer therapeutic, and it is important for the parent or guardian to be present for the child.

### ETHICAL STANDARDS

I abide by the Texas State Board of Examiners of Professional Counselors Code of Ethics, and the American Counseling Association (ACA) professional codes of ethics.

AVAILABILITY BETWEEN SESSIONS

If needed, you can leave your therapist a message on our 24-hour voicemail box at 832-205-8615. When you leave a message, include your telephone number even if you think we already have it, and best times to reach you. We make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from us within one day, please leave a second message. If we are unavailable for an extended time, such as on vacation, we will inform you of the contact information for the therapist on-call during our absence.

Text messages are not allowed and cannot be received with our phone system.

Email should be limited to non-confidential information and will become part of the record of treatment so please limit the information provided.

If you are in an emergency situation and cannot wait for us to return your call, go to the nearest emergency room or call 911. Light Path Counseling, PLLC is not a crisis facility. Do not contact us by email in an emergency, as we may not get the information quickly.

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

Tri-County Crisis Services: (800) 659-6994

Action Recovery Center: (936) 441-4537

Montgomery County Women's Center: (936) 441-7273

Montgomery County Youth Services: (888) 756-8682

Suicide Hotline: (713) 970-7000

CHI St. Luke's Hospital: The Woodlands: (936) 266-2000

Memorial Herman Hospital: The Woodlands: (713) 897-2300

Methodist Hospital: The Woodlands: (713) 790-3333

Texas Children's Hospital: The Woodlands: (936) 267-5000

CONCERNS AND COMPLAINTS

If for any reason you are dissatisfied with my services, please let me know right away. I prefer you to discuss any issues directly with me first. However, if I am not able to resolve your concerns, or you feel I am in violation of an ethical standard, you may refer your complaint to the Texas Board of Examiners of Professional Counselors, Complaints Management and Investigative Sections, P.O. Box 141369, Austin, TX 78714-1369 or call 1-800-942-5540.

My signature below indicates that I agree I have read, understood and agree to the items contained in this document. I agree that all of my questions have been answered to my satisfaction. I consent for myself or my minor child to receive counseling services with Giovanni Valdivia, MA, LPC, NCC. I certify that I have the legal right to seek and authorize treatment for myself and/or my minor child.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature of Minor Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client