



Mastery Of Self INC
134 Queen St East Brampton Ontario L6V 1B2
(P) 905 218-3515 (E) info@masteryofselfinc.ca
www.masteryofselfinc.ca

Consent for Services

Mastery Of Self INC provides services in a private practice setting for businesses, agencies, youth, families, adults and members of the transgendered community. At *Mastery Of Self INC* we seek to empower, strengthen, and educate individuals to achieve internal and external wellness by providing a holistic counselling and consulting approach.

To help you better understand our process, services and qualifications, please review this form: Consent for Services. If you agree to participate, you may also wish to sign a Consent for Disclosure form to communicate with other professionals and others who may be helpful to the process. To support a holistic care environment, collaboration between service providers and others you deem appropriate may occur to best support your outcomes. In addition, participation in the intake process and questionnaire will help develop a greater assessment of your experiences and best areas for intervention.

About Tanasha Smith

Tanasha Smith is the principal counselor at Mastery of Self Inc. She has a degree in Social Work and is currently pursuing her Masters Degree in Psychology. Mrs. Smith is a registered member of the Ontario College of Social Workers and Social Service Workers. Her focus is on Mental Health, Youth Counselling, Self Care and Rebuilding families. Mrs. Smith comes to Mastery of Self with over 17 years of experience and has worked in the York Region and Peel District School Board, specializing in Behavioral Science.



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General Practice and Approach

At *Mastery Of Self INC* we provide a client centered approach to meeting the clients' individual needs. I believe therapy is a collaborative process between the client and therapist, and also with family, legal guardians, caregivers and more. Therapy can be successful with your hard work, energy and courage. The practice utilizes a variety of counselling approaches such as Trauma Counselling, Cognitive Behaviour Therapy, Dialectical Behavior Therapy, Solution-Focused Counselling, Motivational Interviewing, Narrative Therapy and group therapy, in general practice.

Client Rights and Responsibilities

As a client you have the right to be safe and secure within the sessions. Our clinicians seek to operate in a professional and ethical manner that follows the standards of the OCSWSSW and O.A.S.W. code of ethics. All records of therapy are kept in a file and available to you upon request, if deemed legal and of therapeutic value. You also have the right to be informed of the qualifications of the therapist working with you, as well as the right to decline or accept suggestions or therapeutic recommendations. We will remind of these rights and choices throughout our therapeutic relationship. We do not sell products directly, but if we make suggestions for books or other materials, it is your choice if you believe it would be helpful for you. Termination of the therapy relationship will be made by you or by a collaborative decision between us both. In the event, we decide to terminate therapy, we suggest three final sessions to develop a positive closure. As a client you have the responsibility to set and keep appointments on a regular basis as determined ahead of time. It is important for you to work with us around developing your treatment plans and check in with me in every session around goals. It is also important to keep us informed of your progress towards meeting your goals and to terminate your therapy relationship before entering into arrangements with another counselor.



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Fees and Insurance and Reimbursement

Mastery Of Self INC seeks to provide affordable services to individuals and families. We offer sliding scales for families and individuals who are economically disadvantaged. We offer group therapy and psycho-educational groups which also support access to counselling services. Some services may qualify as psychological services, or social work services, or EAP services under your extended health plan. Payments for fees are due at the end of the session. If you want to extend the counselling session by an additional 30 minutes, the sessional fee will reflect the additional time. It is required to provide a credit card number for a session that was cancelled within less of 48 hours. There are no late fees applied for overdue accounts, however, future service will require immediate payment. Please note that fees may be subject to change, but this will be discussed in advance with you and generally occur with advance notification within the year of the service.

Agreed upon fee: \$_____/per 45 minutes to 60-minute session

Credit Card information: _____

Expiry date: _____ CV: _____

Postal Code: _____

Cancellation

When you are unable to make an appointment please notify Tanasha Smith 48 hours in advance. In the event that three sessions are missed, we will meet together to address solutions if therapy is to continue.

Emergencies

If you have an urgent situation, which you feel needs immediate support and we are not available by phone, please contact your local 911 system or go to the nearest emergency room. I will also provide you with a list of alternative telephone services.



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Records and Confidentiality

As a therapist we record notes and reports for your clinical records. You have rights to review your file upon your request verbally or in writing. Information may be shared amongst applicable *Mastery Of Self INC* staff if appropriate. Records are kept on site at the main office at all times. Once you terminate involvement or for a child/youth once they reach 18 years old, files must be maintained for at least seven years.

Most of the information is confidential, and will not be shared. Many times, clients will be able to take their art work and scrapbook home to bridge work done within sessions to their caregivers. There are some exceptions and they include:

- a) the provision of a signed consent of a release of information,*
- b) If I believe you are going to hurt yourself, you are being hurt or are going to hurt another person,*
- c) If there is a disclosure in therapy of neglect, abuse or exploitation of a child under the age of 16, I am ordered by legislation to disclosure information,*
- d) Or if the court requests me to release information.*

In addition, to adhere to professional standards and ethics need to discuss cases in formal supervision and also view video tapes of sessions which are used only for supervision, and will continue to meet this requirement by professional association. We will not use reference to full names to protect confidentiality to consultants or supervisors.

Complaints:

If at any time you would like to connect with the Clinical Director to address any concerns, please do not hesitate to contact at:

CLIENT'S ACKNOWLEDGEMENT: I have read and fully understand this agreement.

Client's Name: _____



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Client's Signature (if client is over 10 years old): _____

Date: _____

Legal Guardian/Parent: _____

Legal Guardian/Parent Signature: _____ **Date:** _____

Caregiver (if applicable): _____

Caregiver Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____