



Somatic Mystic Guide, informed & trained in:

- Psychology & Clinical Counselling.
- Somatic Experiencing,
- Meditation, Companioning,
- Trauma Recovery,
- Spiritual Coaching,
- Grief Counselling
- Energy Modalities including training in Shamanism

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Working with me involves an agreement made between yourself and I. You are the expert of you, and I am learning about you every moment I am with you. I value My relationship with my clients and believe that such a relationship is the beacon in the healing process. I am not interested in taking your money just because, I am invested in the relationship that is needed to promote healing.

I have extensive experience in the area of Grief and support individuals who are navigating transitional, separational, trauma and bereaved grief. I am an Internationally licensed Greif and Trauma Counsellor with over 17 years of experience specializing in various counselling methods.

As a Somatic Experiencing Practitioner, I facilitate all my offerings from a Somatic Foundation. With training in areas including Syndromes, Generational and Intergenerational Trauma, Medical Trauma, and Mortal Threat and Near-death experiences.

Everyone is unique and has their own way of addressing resolutions. I work in a wellness model that helps my clients empower themselves by focusing on what works for them and not on a systematic approach that provides a generic procedure for working on a treatment. I appreciate our difference and look forward to each opportunity to be with you on your journey.

All my offerings involve a friendly witness, listening in compassion and acceptance. This involves asking questions, offering information, sharing resources and guidance in many areas.

If I am unable to support your journey, I will inform you and assist in you finding someone who is.

It's important to note here that what happened to you in your life and could have significantly influenced your current symptoms or behaviours. Attending to these more historical questions can open a window to more beneficial and lasting treatment.

## Client's Rights

- 1. The client may ask questions about what to expect during and the possible end result of the therapy.
  - decline to proceed with the therapy as to the techniques which may be conducted by the therapist.
  - can raise any concerns and to speak with the therapist immediately, likewise for the therapist.
  - cease to continue therapy anytime, without any impediment and may return to therapy anytime.
- 2. The therapist has the right to dismiss the client from the course of therapy.
- 3. Right to confidentiality: Within limits provided for by law. These limits are concerning intent to harm.
  - a. If you disclose to me that you intend to harm yourself/to take your life, I am obligated ethically to take the necessary steps to ensure your safety. \_\_\_\_\_\_ Initials
  - b. If you disclose to me information regarding harm to a child or vulnerable person, I am obligated to contact the authorities. \_\_\_\_\_\_ Initials
  - c. If my records are supposed by law, I am obligated to hand all records over. \_\_\_\_\_ Initials
- 4. All records and information acquired by the therapist shall be kept strictly confidential in accordance with the principles of a doctor-patient relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client.
- 5. The client will complete the intake assessment attached. Signature

## Informed Consent

Tundenstand that results might vary and that Mi (My	rna) LeBlanc may not guarantee results. What Mj (Myrna)		
	nent, psychological or psychiatric services, or psychological		
or psychiatric counselling			
		Give 24 hours cancelation notice.	rials
		Fee's - are subject to change annually.	
		Ackno	wledgement
		I have reviewed this Informed Consent Agreement.	Initials
		I likewise understand my Client's Rights.	Initials
		I accept this agreement and consent to counselling.	Initials
Client In	formation		
First Name Pl	none Number		
Last Name E	Email		
Address			
Street Address	Country		
City	State / Province,		
Emergency contact	Postal Code/Zip		
Date of birth			