

**Juanna Nguyen, BMT, M.Ed.**  
**Canadian Association of Music Therapists (certified member)**  
**The Academy of Neurologic Music Therapy (affiliate member)**  
**Registered Psychotherapist (Qualifying)**

**SUPERVISOR:**

**Danny Seto, M.Psy., M.Div. (counselling), B.A., B.Ed., O.C.T.**  
**Registered Psychotherapist & Clinical Supervisor**  
**Registered Marriage & Family Therapist (Clinical Fellow & Approved Supervisor)**  
**Certified Member of the Ontario Association of Mental Health Professionals**  
**Certificate in Couple and Family Counselling**

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We welcome you to psychotherapy/counselling and look forward to working with you. We believe the following information will be helpful in establishing a good therapeutic relationship between you and the counsellor. Please read this information carefully and ask any questions that you may have. When you have read both pages, please sign the consent at the end. If this is for a couples session, each partner will have to complete and sign all the intake forms.

**Professional Background:** I am a Certified Music Therapist, Registered Psychotherapist (Qualifying), and I have recently completed the MEd Counselling Psychology program in the Counselling and Psychotherapy field at OISE University of Toronto.

I have experience working with children, adults, couples, and families. In my past internship, I have employed music-based interventions including therapeutic songwriting, music improvisation, and guided meditation with music, followed by verbal processing and reflection. I use a person-centered and strengths-based approach with an interest in mindfulness-based practices and the principle of non-judging. I also have developed an interest in counselling-based approaches including Cognitive Behavioural Therapy, Solution-Focused Brief Therapy, Narrative Therapy, Acceptance and Commitment Therapy, and Family Systems. I believe in providing and facilitating a safe space for others to define and gain insight into their own experiences. I view the therapeutic relationship as a collaborative process in which I strive to understand and support my client while we work together to create a plan for therapy.

I joined Danny Seto's private practice as a practicum student in September 2020, and completed my placement under his supervision in May 2021. Moving forward, I will be continuing to work in Danny's clinic. If you would like to meet with me, please reach out to Danny at [info@dannyseto.ca](mailto:info@dannyseto.ca). For Danny's biography, please refer to our website at [www.dannyseto.ca](http://www.dannyseto.ca). We look forward to speaking with you!

**Initial Appointment:** Your initial appointment, 80 minutes in length, is considered a diagnostic interview (also called an “intake session”). From the information you share on this first visit, I will decide together with you whether I am the right therapist to help you attain your goals. If we decide to work together, I will discuss the type of therapy needed, the frequency of therapy sessions and schedule your next appointments based on a treatment plan. For couples, the initial appointment is 110 minutes.

**Appointments:** Each therapy session lasts 50 minutes, or 80 minutes for couples. All appointments are scheduled either directly with me. If you find that you need to cancel an appointment, please give as much notice as possible. **You will be personally charged the full rate for appointments not cancelled at least 12 hours in advance**, except for emergency reasons. **You will also be charged the full rate for “no-shows.”**

Please note that Justin Lau is employed at Danny Seto’s practice and is responsible for administrative tasks (such as scheduling appointments) and technical issues (such as virtual platform). As such, only your identifying information (such as name and email address) will be shared with Justin. Any confidential information regarding your sessions will not be shared with Justin.

**Payments:** The fee for your **initial visit** is \$180.00 + HST (for individual therapy) or \$240 + HST (for couples therapy). For **subsequent sessions**, it is \$120.00 + HST (individual) and \$180.00 + HST (couples). **Payment is due immediately after the session is over.**

**Confidentiality:** All information regarding the specific nature of your therapy is considered confidential, unless specified by you in writing. There are, though, some instances in which confidentiality will not be maintained. They are:

1. Potential harm to yourself or another individual.
2. When your file is subpoenaed by the courts.
3. When there are suspected incidents of abuse or neglect to vulnerable populations (i.e., children, elderly, etc.).
4. When there is suspected incidents of sexual abuse by a regulated health professional to his/her patients/clients.
5. When contacting your emergency contact, if deemed necessary (i.e., if you are injured, incapacitated or ill and unable to give consent personally).
6. Discussion of your case with Danny (either individually or in a small group with other therapists, under Danny’s supervision).
7. When providing information about the client to the College if a complaint has been made against the therapist.
8. Peer and practice assessment of the therapist’s practice for quality assurance purposes.

**Termination:** As you reach your goals in therapy, a gradual tapering of sessions will occur. It is helpful for you to discuss your wish to end therapy at least one or two sessions prior to your last session. A final session to process your therapy, settle any unfinished concerns, and have proper closure is deemed to be very beneficial to your therapeutic health. I encourage you to ask any questions you may have concerning the above policies, either now or as they occur.

**Please circle:**

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| YES | NO | I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions. |
| YES | NO | I authorize the release of any medical information necessary to process my insurance claims (if applicable).  |
| YES | NO | I consent to the exchange of treatment information between Juanna Nguyen, MTA, NMT, RP (Qualifying) and my primary care physician.  |

\_\_\_\_\_  
Physician's name / office and phone number

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| YES | NO | I authorize Juanna Nguyen, MTA, NMT, RP (Qualifying) to contact my emergency contact if an emergency shall arise. |
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Name of emergency contact: \_\_\_\_\_  
 Relation to yourself: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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I, \_\_\_\_\_, hereby give Juanna Nguyen, MTA, NMT, RP (Qualifying) (supervisor: Danny Seto, Registered Psychotherapist and Registered Marriage & Family Therapy) consent to treat my presenting issues.

**SIGNED:** \_\_\_\_\_ **DATED:** \_\_\_\_\_