

One Sound One Heart Music Therapy Services, LLC

contact@onesoundoneheartmusictherapy.com

onesoundoneheartmusictherapy.com

361-648-4287

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Expectation of Standards

The American Music Therapy Association (AMTA) maintains a Code of Ethics by which all music therapists at One Sound One Heart Music Therapy Services, LLC abide. The Code of Ethics is based on five key principles, listed below, that outline the expectations for qualified music therapists.

Five Key Principles

1. Respect dignity and rights of all.
2. Act with compassion
3. Be accountable
4. Demonstrate integrity and veracity
5. Strive for excellence

Additional information regarding the AMTA Code of Ethics can be found online at musictherapy.org (the AMTA website) or by contacting your music therapist.

I have read the above information, asking for clarification and voicing concerns as necessary. I consider myself to be well informed of the policies and expectations associated with participation with One Sound One Heart Music Therapy Services LLC.

Print Client's Name: _____

Print name: _____ Relationship: _____

Signature: _____ Date: _____

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Informed Consent For Music Therapy Services

What Is Music Therapy?

Music therapy helps people find improved health through music experiences and the relationships that develop through them. Music therapy sessions may include a wide range of music experiences including live singing and instrument playing, music improvisation, music listening, songwriting, music-assisted relaxation and/or music technology projects. All of these music experiences will be planned and adapted according to the client's needs and preferences.

Your Providers

Betsy Gifford is a Bachelor's Level, Board-Certified Music Therapist. She graduated from Sam Houston State University in December 2018, after completing her six-month internship at MusicWorx, Inc. in San Diego, California. Gifford currently serves children and young adults (ages 0-26) with various needs and is a Sprouting Melodies provider.

Molly Beahm is also a Sam Houston State graduate and completed her internship at the Lakemary Center in Paola, KS working primarily with children and young adults with intellectual/developmental delays and/or behavioral disorders. She became board certified in September 2019 and moved back to her hometown to provide music therapy for those in need.

Getting Started

Music therapy begins with an assessment period, during which we will experiment with different musical styles and ways of experiencing music. This allows us to work together in determining the client's music preferences and therapeutic needs so that we can determine goals for our therapy sessions.

The Music Therapy Process

The music therapy process presents differently from person to person. The specific music experiences included in each session will be determined based on the client's needs and interests in general, as well as the circumstances on a given day. In any case, most of the time in music therapy sessions will be spent engaging in music. As music therapy progresses, there will be many opportunities to evaluate the process and change the experiences provided according to the client's changing needs or concerns. Please talk with the therapist about any questions or concerns you have about the client or the music therapy process.

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Risks and Benefits

The client's music therapy experience will be designed with his/her health and healing as the principal aim. For that reason alone, the client will never be intentionally harmed or distressed; however, the process of therapy may include moments of increased personal awareness, insights, or general growth that bring forth difficult emotions such as sadness, anger or frustration.

Music therapy does not put participants at physical risk other than those encountered in daily life, nor does it involve specific side effects such as those commonly found in medications.

Research has provided evidence to support the idea that music therapy can improve the lives of individuals in both large and small ways. Because each individual is unique, however, specific outcomes cannot be promised. Music therapy clients and their caregivers do report common outcomes such as improved mood, relaxation, strengthened sense of identity, improved social and communication skills, sense of accomplishment, and sense of "being heard."

Your Rights

A client in music therapy has a number of rights, as does the responsible party caring for the client. These rights will be honored during your time with One Sound One Heart Music Therapy Services, LLC. These include the right to safety, dignity, treatment, self-determination, respect, participation in treatment decisions, and viewing the client's therapy record. You have the right to end music therapy at any time with proper notice per the termination policy.

Confidentiality

Information about the client comes from a variety of sources, including what happens in music therapy sessions and what information and records you choose to share with us. This information will not be shared with anyone else unless one of the following circumstances applies:

- You, the client, or someone else is in danger, or someone is involved in abuse/neglect/exploitation of a minor or elder.
- The therapist is required by court, administrative order, or subpoena to reveal information.
- You sign a form granting permission to release information to a specific party.

I have read the above information, asking for clarification and voicing concerns as necessary. I am choosing music therapy for _____ completely of my own will and commit to continued communication with his/her therapist about questions/concerns I might have throughout the process.

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Print name: _____ Relationship: _____

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

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One Sound One Heart Music Therapy Services, LLC Policies

Sessions: Sessions are generally 30-60 minutes long and begin at the scheduled appointment time. Both parties are responsible to notify the other if unable to arrive within 10 minutes of the appointment time.

If a session must be shortened due to the client's needs on a given day (e.g. client asking MT to leave, client needing care from another provider), the full session fee is still required.

Frequency of sessions will be determined together with the client, caregiver and therapist based on your treatment goals. The minimum recommended frequency for music therapy visits is twice per month, for maintaining a therapeutic relationship.

Cancellation Policy: We are happy to accommodate your scheduling needs but require 24-hour notice for cancellations and rescheduling. Full payment is required for sessions cancelled on the day they are scheduled. Exceptions may be granted at the MT's discretion for personal illness and emergency situations.

Payment and Fees:

Your session frequency is _____ minutes _____ times a week.

Your session rate is _____ per session.

Payment is due at the time of service. You may pay by cash or check.

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Print name: _____ Relationship: _____

Signature: _____ Date: _____

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Contact Form

Client's Name: _____ Date: _____

Client's birth date: _____ Age: _____

Address: _____

Parent/Guardian's Names: (Guardian 1) _____ (Parent 2) _____

Phone #s: (Guardian 1) _____ (Guardian 2) _____

Email Addresses: (Guardian 1) _____ (Guardian 2) _____

Preferred Method of Contact: Guardian 1 / Guardian 2 Phone / Email

What is your primary reason for seeking music therapy? _____

Client's Primary Diagnosis: _____ N/A

When received: _____ Given by: _____

Other Diagnoses: _____

Current Medications: _____

Other Therapies/Treatments Received: (Please include frequency)

What else do you want me to know about the client's health status? _____

Client/Guardian Signature

Date

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Authorization for Release of Healthcare Information

I give permission for One Sound One Heart Music Therapy Services, LLC to share and exchange information with the following people and/or agencies for the purpose of coordinating care for _____:

List names of people/agencies below: _____

Name

Phone number/Email

Name	Phone number/Email
_____	_____
_____	_____
_____	_____

I understand that One Sound One Heart Music Therapy, LLC will only share my information without my permission under the following circumstances:

- Evidence of abuse/neglect/exploitation of a child or elder
- Someone presenting a danger to themselves or others
- A court order requiring disclosure

I understand that my consent is valid for one year or until termination of services, whichever occurs first. I also understand that I can revoke this consent at any time.

I confirm that a representative of One Sound One Heart Music Therapy Services, LLC has explained the purpose of this form to me and that I understand its content. My signature below indicates my consent.

Print Name: _____

Signature _____

Date _____ Relationship to Client _____

Therapist Signature _____ Date _____

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Photo and Video Release Form

I give One Sound One Heart Music Therapy Services, LLC permission to take photos and videos of me, edit them as needed, and use them for the following purposes:

- To share with my family and friends
- To share within the organization where I receive services from One Sound One Heart Music Therapy Services, LLC
- For marketing and promotions
- For educational presentations

Signature: _____

Printed Name: _____

Relationship to Client: _____

Date: _____