

Music Therapy Policies Rhapsody Arts Center 2007-08

Private sessions: Regular attendance is necessary for reaching objectives, seeing progress, and maintaining consistency. Private sessions are held once weekly. In order for a session to be excused, the music therapist must be notified of the absence at least 24 hours in advance of the session time (except in the case of an emergency). If a student becomes ill at school, please call by noon the day of the session. Make-up sessions will be given for excused sessions only. School cancellations do NOT imply session cancellations. If a session is canceled due to weather, you will be notified by telephone. Sessions missed by the therapist will be made up. Private sessions require a commitment through the academic school year. If taking sessions in the summer or starting late in the spring, a 12 week commitment is required.

Group sessions: Regular attendance is necessary for reaching objectives, seeing progress, and maintaining consistency for all members of the group. Group sessions are held once weekly for 12 weeks. If all group members have expressed reasons for absence to the therapist at least 24 hours in advance, the group will be made up. An individual's absence from the group will not be made up. Calls are required for all individual absences so that the therapist knows who to expect and can plan accordingly. If only one child is present from the group, a private session will be held for 30 minutes. School cancellations do NOT imply session cancellations. If a session is canceled due to weather, you will be notified by telephone. Sessions missed by the therapist will be made up.

Payment Schedule: **Group class** fees are due in whole upon registering for each 12 week session. Group classes may be paid for privately or through an assisting agency if applicable (Family Support and Resource Center, Dane County Department of Human Services, etc.)

Private and **Partner** session fees may be billed monthly or by the semester (in advance) as decided by parents and or case worker.

Confidentiality: It is the music therapist's professional responsibility to ensure that all information regarding your child and music therapy be held confidential. Please understand that as this is a music studio, many people are here for many different reasons. We are not able to control people in the waiting room, but as staff we will maintain that all information seen and heard will "remain here." We also ask that any information learned about another child enrolled remain confidential as well. Thank you for your cooperation and understanding.

Observations: It is possible that a professional who works with another child in this class may come to observe. Please understand that this person is only there to observe children that he/she works with. It is also possible that a student interested in studying music therapy may observe private or class sessions, so he/she can see what music therapy consists of. The music therapist will notify parents in advance of any observations. If another professional who works with your child would like to come and observe music therapy, please have them contact Rhapsody Arts Center prior to the session they wish to attend.

Music Therapy Contract
2007-08

Please sign and return to Rhapsody Arts Center.

I have read the policies for the Music Therapy program at Rhapsody Arts Center and agree in principle with them. I/My child (children) _____, will take Music Therapy sessions for the full academic year (private) or 12 weeks (groups). I agree to pay (choose one) *PRIVATELY*; *through the following ASSISTING AGENCY* _____
(*case manager*): _____.

I _____ give my consent to Rhapsody Arts Center therapists, to allow other professionals or prospective music therapy students to observe music therapy sessions involving (child) _____. I understand that they will not be observing other children than the ones prefaced and confidentiality will continue to be maintained.

Parent signature: _____ Date: _____