

STEARNS MUSIC THERAPY, LLC

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Gloria Stearns-Bruner MA, MT-BC

Board-Certified Music Therapist

Music Therapy Agreement

What to Expect

The purpose of meeting with a music therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas in your life. You may be here because you want to work with a music therapist to address these problems, or you may be here because your parent, guardian, doctor, or teacher had concerns about you. Music therapy can have benefits and risks. Since music therapy often involves expressing or discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, music therapy has also been shown to have benefits for people who go through it. Music therapy often leads to improved mood, increased emotional expression and communication, strengthened social skills, enhanced relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

The music therapy process varies depending on the personalities of the music therapist and patient, and the particular problems you bring forward. Our first session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Music therapy involves significant commitment, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide

if I am the best person to provide the services you need in order to meet your treatment goals. If music therapy is begun, I will usually schedule one 50-minute session (one appointment hour of 60 minutes duration) per week at a time we agree on. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control.

PROFESSIONAL FEES

My hourly fee is \$__25___ per group session and \$_65_____ per private session. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include telephone conversations lasting longer than 20 minutes, attendance at meetings with other professionals you have authorized, consultations with school instructors, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, it's costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

CONTACTING ME

I am often not immediately available by telephone, however, when I am unavailable, my telephone is answered by voicemail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a

colleague to contact, if necessary.

I use email communication and text messaging only with your permission and only for administrative purposes. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text me about clinical matters because neither is a secure way to communicate. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session.

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook because these types of casual social contacts can create significant security risks for you. If I discover that I have accidentally established an online relationship with you, I will cancel that relationship.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I determine for good medical cause, upon the advice of a physician, that seeing them would be detrimental to your physical or mental health, or that seeing them would cause you to harm yourself or another person, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

As a practice particular to music therapy, a recording may be created during a music therapy session of original songs with your voice, written original song lyrics, and drawings. These recorded materials will be kept with other treatment records, and you are entitled to receive a copy of these recorded materials during treatment upon request. Additionally, upon completion of music therapy treatment, a copy of these recorded materials will be given to you and the original materials destroyed, unless you have given your express permission for me to keep the materials. Recordings will not be made if you notify me in writing that you do not want recordings created.

MINORS

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to limit access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission, or the written permission of your parent (if you are a minor) or legal guardian, with the following exceptions.

1. In most legal proceedings, you have the right to prevent me from providing any information about your treatment, and I will do all I can within the law to protect your confidentiality. However, in some proceedings, a judge may order my testimony if he/she determines that the issues demand it. I will comply with a judge's order. I will inform you if this happens.
2. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child or endangered adult is being abused, I must file a report with the appropriate state agency.
3. If I believe that a patient will cause serious bodily harm to another person that can be identified, I am required to take protective actions. These actions may include notifying the potential victim, notifying parents/guardians, and contacting the police.
4. If I believe that a patient will cause serious harm to himself/herself, I am required to take protective actions which may include contacting family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Your signature below indicates that you have read and understand the information in this document, you consent to evaluation and/or treatment by Stearns Music Therapy, you understand that you have the right to withdraw consent for treatment at any time, and you agree to abide by the terms of this agreement during our professional relationship.

Client/Parent/Legal Guardian Signature: _____

Printed Client Name: _____

Printed Parent/Legal Guardian Name: _____

Date: _____

Stearns Music Therapy

by Gloria Stearns-Bruner

Date: _____