



Healing Sounds LLC

830 Southlake Bvd Suite B
Richmond, VA 23236-3935
Phone: 804-466-3130 | Fax: 804-466-3130

* Required

Practice Policies

Music Therapy, Wellness Class, or Lessons

- * 1. Client Name:
- * 2. Home Address:
- 3. Phone number:
- 4. Email Address:

* 5. Our office is only open by appointment or for a scheduled group class. The daily schedule varies. Please call or email us at any time, our goal is to return all phone calls and emails within 48 business hours. Our office phone is 804-466-3130. Please only arrive at appointed time.

I understand

* 6. Healing Sounds, LLC is always updating our social media outlets, as well as our * website. We would like to ask your permission to include pictures and/or videos on our social media pages and/or website. In addition, we frequently use our media in presentations on the regional and national level. Thank you for your consideration, and if you have any questions regarding media used for any of these purposes, please speak to our director Anna McChesney. 804-466-3130 x700 or anna@healingsoundsrva.com.

Mark only one box:

I decline the use of any photos or videos taken during sessions. The client (self/guardian) grants Healing Sounds LLC permission to use his/her likeness in a photograph and/or video in any and all publications and materials without payment or consideration made to them. The client realizes these photos and/or videos become the property of Healing Sounds LLC and will not be returned. The attendee authorizes Healing Sounds LLC to use, edit, copy, publish or exhibit any photo or video for any lawful purpose. The attendee waives the right to review any photo or video or to obtain royalties from the photo or video.

* 7. All administrative and clinical staff are bound to confidentiality and cannot disclose any information outside of the practice without your express permission unless it is medically needed or in case of abuse or self-harm. If case consultation or collaboration is desired, written permission will be necessary.

Agree

* 8. All appointments (music therapy, class, or lessons) must be paid for at the time of service. If you have a question regarding billing, please call or email our office and speak with the administrator at 804-466-3130 x 701 or admin@healingsoundsrva.com.

Agree

* 9. Clients and families are expected to be respectful of the therapist, instruments, and clinical space. This includes not using cell phones during sessions and silencing ringtones. This also includes throwing away trash and cleaning up toys. Family members in the waiting room will be expected to stay quiet as to not disturb therapeutic work.

Agree

* 10. Your e-signature below shows that you agree to these terms and conditions. (Client or Guardian)

Informed Consent

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

You will only meet in person with your therapist if you have discussed and mutually agreed to this option.

The standard meeting time for music therapy is 38-52 minutes for a 45 minute session and 53-60 minutes for a 55 minute session. It is up to you, however, to determine the length of time of your sessions. Requests to change the length of session needs to be discussed with the therapist in order for time to be scheduled in advance.

Please fill out the following section of this form so you can meet with your therapist in person if agreed upon.

* 11. If we choose to meet face-to-face (please check all boxes):

Check all that apply.

We have agreed to meet in person. If there is a resurgence of the pandemic or if other health concerns arise, however, we may require that we meet via telehealth. If you have concerns about meeting through a secured video platform, we will talk about it first and try to address any issues. You understand that, if we believe it is necessary, we may determine that we return to telehealth for everyone's well-being. If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. For counseling clients, reimbursement for telehealth services is determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

* 12. Risks of Opting for In-Person Services: You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risks). This risk may increase if you travel by public transportation, cab, or ridesharing service. In addition, if in-home services are warranted, you understand that to keep our therapists safe for in-home services, you will agree to the cleaning protocols that follow.

Agree

* 13. Your Responsibility to Minimize Your Exposure: To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, [my other staff] and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions: (Please check each box)

Check all that apply.

 Sign

You will keep a distance of 6 feet and there will be no physical contact (e.g., no shaking hands) with staff.

 Sign

You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.

 Sign

If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.

 Sign

You will take steps between appointments to minimize your exposure to COVID.

 Sign

If a resident of your home tests positive for the infection, you will immediately let staff know and we will then move treatment via telehealth.

 Sign

If you develop any symptoms of COVID19, please do not come into the office, but let your therapist know and a telehealth session may be suggested.

* 14. Your Responsibility to Minimize Your Exposure: To obtain services in person at your home, you agree to take certain precautions which will help keep everyone (you, me, and our families, [my other staff] and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

Check all that apply.

Sanitize the area thoroughly prior to the therapist entering the home A caregiver must be present throughout the session to assist with needs of the client

* 15. Healing Sounds may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

Agree

* 16. Healing Sounds Commitment to Minimize Exposure: Healing Sounds has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

Agree

* 17. If You or I Are Sick: You understand that we are committed to keeping you, the Healing Sounds staff and all of our families

safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If any Healing Sounds staff test positive for the coronavirus, you will be notified so that you can take appropriate precautions.

Agree

*18. Your Confidentiality in the Case of Infection: If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that we may do so without an additional signed release.

Agree

* 19. Informed Consent: This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Agree

* 20. Patient consent is required to share patient identifiable health information except in relation to a third party for payment, insurance reimbursement or case consultation.

Agree

* 21. Your e-signature below shows that you agree to these terms and conditions. (Client or Guardian)

Telehealth Consent

INFORMED CONSENT FOR TELEHEALTH SERVICES

You will only meet virtually with your therapist if you have discussed and mutually agreed to this option.

Please fill out the following section of this form so you can virtually meet with your therapist if agreed upon or if ever necessary.

* 22. CONSENT FOR TELEHEALTH CONSULTATION (Please check each box):

Check all that apply.

I understand that my therapist has agreed that provision of treatment to me via telehealth is appropriate for my condition/diagnosis. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. Healing Sounds is not at fault for any information lost due to technical failures

* 23. Telehealth appointments will be conducted through a secure video conferencing platform. Depending on the service it will be Doxy.me, Google Meet or Zoom. A secure link will be provided, and you will be admitted to the meeting only after you are verified by the therapist. I acknowledge: (Please check each box)

Check all that apply.

Telehealth platforms are NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911. Though my provider and I may be in direct, virtual contact through the Telehealth Service, the platform does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. Healing Sounds takes the following security measures for telehealth services such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques.

CANCELLATIONS

* 24. Untimely cancellations and not showing to the session will be subject to the entire session fee charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. Rates for services are as follows:

Music Therapy Standard Rate Music Therapy In Home Rate Lessons

up to 30 Minutes \$55.00

45+ Minutes \$80.00

up to 30 Minutes \$35.00

45+ Minutes \$70.00

45+ Minutes \$50.00

CONSULTATIONS

* 25. At times may request consultations over the phone. Therefore you will be billed at the following rates:

up to 15 minutes \$30.00

16 to 30 minutes \$55.00

31 to 45 minutes \$70.00

LEGAL MEETINGS

* 26. Rates for a rate legal meetings are charged at \$200/hour. Court proceeding and testimony requires a retainer of \$1500 due to the high likelihood of a therapist missing an entire days worth of work.

* 27. By signing this form, I certify (please check each box):

Check all that apply.

That I have read or had this form read and/or had this form explained to me. That I fully understand its contents including the risks and benefits of the procedure(s). That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

* 28. Client or Guardian (if client is under 18) signature: Your e-signature below shows that you agree to these terms and conditions.