Square Music Company Music Therapy Contract

This contractual agreement was made on _____ and outlines the agreement of services between Square Music Company and _____. This agreement will stay in effect until a termination plan is created between the music therapist and _____, or a 30-day written notice of termination from either party.

Description of services

1. You will be receiving direct individual music therapy services by a board-certified music therapist (service provider) through Square Music Company, _____
2. Music therapy will address goals as discussed during the intake interview and based on the assessment of the music therapist.
3. Location of services: _____
4. Duration of services: _____
5. Frequency of services: _____
6. In accordance with the American Music Therapy Association Standard of Clinical Practice and Code of Ethics, the service provider will maintain the following documentation: Referral,

assessment session notes, weekly progress notes, assessment of goals and objectives at outlined intervals, and termination of services report. These documents are protected under HIPAA law. These documents are available upon request to the individual receiving services and parents/guardians if the individual is under 18 years of age. Sharing of these documents to an outside third party will be permitted upon signing a release form.

Scheduling

1. Time and day of the weekly music therapy services will be based on communication with the service provider.
2. Any changes in the schedule are expected to be communicated to the service provider at least 24 hours in advance. You can reach your service provider at _____
3. Cancellations are expected to be rescheduled if possible.
4. In the instance of a “no call no show”, half the session rate will be charged.
5. In the instance of an in-home session, and a cancellation occurs after the therapist has already traveled to the home, half the session rate will be charged.

Payment

1. Music therapy services will be provided on a fee-for-service basis and Square Music Company will provide monthly documentation upon request and invoice.
2. The rate of payment for each music therapy session is _____. Additional travel fee:_____.
3. This fee covers time spent preparing for the session, any travel, materials, instruments, documentation time, expertise, and other business costs.
4. Session fee is not refundable upon cancellation if not given a 24 hours notice.

5. The designated person responsible for payment will be given an invoice at the beginning of each month. All invoices will be due by the 15th of each month. If 14 days have surpassed the due date and payment has not been received, music therapy services will be suspended until payment has been fulfilled.

Professional Service Standards:

1. The direct service provider will provide services within the scope of his/her/their certification. The service provider will maintain MT-BC status and is to meet all licensing and professional standards required of his/her/their specialty by the state of _____, the Certification Board for Music Therapists, and the American Music Therapy Association. He/She/They will adhere to the CBMT Code of Professional Practice and the AMTA Standards of Clinical Practice and will conduct all services in a professional manner. Square Music Company agrees that all services shall be provided without discrimination as required by applicable sections of Title VI of the Civil Rights Act. Unethical performance shall result in termination of this contract.

Equipment and Supplies:

1. Service provider will be responsible for all instruments, session materials, and any other equipment for each therapy session and assumes any damages.

Health Waiver

1. I waive any and all liability against Square Music Company, on behalf of myself and/or my child/children for any injury, illness, or death, as well as loss of any property while participating in all activities on or off Square Music Company's premises and all classes/activities/services offered. By signing below, I confirm that

myself and/or my child/children are covered under my own medical insurance policy and said policy will be used in case of any emergency illness or injury. If I am not present, I authorize Square Music Company to seek medical attention for my child/children.

This agreement may be amended by the mutual agreement between the service provider, Square Music Company, and _____. Amendments must be in writing, signed by all parties, and become attached to this agreement

I fully understand and accept all the terms and conditions of this agreement and agree to the terms and conditions outlined in the Welcome Packet.

Printed name: _____

Signature: _____

Date: _____

Square Music Company Music Therapy Director:

_____ Date: _____