



Piedmont Music Therapy, LLC Observer Liability Release Form

I acknowledge that during my observational period of music therapy sessions, I may hear or see confidential information about the clients. I understand that discussing such details after observing the sessions is illegal and a violation of confidentiality agreements. This also includes the forbidden exchange of protected health information via social media outlets.

The signature(s) below verify that Piedmont Music Therapy, LLC and its employees are hereby released from liability for any incident which may occur as a result of this supervised observational experience. I have been given the chance to ask questions about this release and my possible injuries and have had my questions answered so that I understand.

Signature of observer

Date

Signature of parent/guardian
(If Observer is Less Than 18 Years Old)

Date

PMT, LLC Completes the following section:

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Observation Date: _____ Observation Site: _____

Purpose of Observation: _____

Other: _____

Completed by: _____

Piedmont Music Therapy, LLC

www.piedmontmusictherapy.com

803-206-2044