



Piedmont Music Therapy, LLC Treatment Policies

Therapy

Therapy will consist of 30-minute sessions: 25 minutes for treatment and 5 minutes for clean up and questions. (For 45-minute sessions: 40 minutes for treatment and 5 minutes for clean-up and questions.)

Therapy will be scheduled based upon the needs of the client, the funding sources requirements (if any), the availability of the therapist, and the attendance history of the client.

Attendance Policy

Therapist should be given 24-hour advance notice regarding cancellations. Therapists must be notified via their cell phone number. Cancellations made to the main office will not be honored. This advance notice will allow for scheduling make-ups as needed and scheduling other patients who may be seen on a cancellation basis. Failure to give 24-hour notice as outlined above will result in a “No Show” fee being assessed on your child’s account as outlined in the Financial Responsibilities Policy.

Please be aware that therapy may be discontinued if there is a pattern of cancellations or “no shows.”

If you will be late for your appointment, notify your therapist (via cell phone) as soon as possible. In this event, please understand that your session ends as originally scheduled. Your therapist will wait at least ten minutes after the scheduled appointment time, before declaring the session a “no show.”

Illness

If a child has run a fever, vomited, had diarrhea, or is contagious anytime in the 24-hours prior to their scheduled therapy appointment, please notify the therapist to schedule a makeup session per her or his availability. *For services in a home:* If any member of your household has a contagious illness (flu, stomach virus, strep throat, etc.), please inform your therapist so that he/she may decide whether to proceed with therapy or attempt to schedule a makeup session.

Confidentiality

Piedmont Music Therapy, LLC, abides by all HIPAA regulations and guidelines, and follows the guidelines set forth by the American Music Therapy Association (AMTA) Standards of Clinical Practice and the Certification Board for Music Therapists’ (CBMT) Code of Ethics.

My music therapist’s name & cell phone number: (_____) _____ - _____