



HEALING SOUNDS  
Stephanie Bolton, MA, MT-BC  
Phone: 256-655-0648  
E-mail: stephanie@imageryandmusic.com

*Improving personal health  
and wellness through  
imagery and music*

## INFORMED CONSENT FOR MUSIC THERAPY SERVICES

### Purpose of Music Therapy

The purpose of Guided Imagery and Music (GIM)/Music Therapy is to assist you on your path to greater personal growth and healing. The holistic focus of Healing Sounds Music Therapy is the interpretation of the mind, body, and spirit.

### Treatment

Stephanie Bolton is a Master's-level, Board Certified Music Therapist. She has post-master's training in Levels I, II, and III of the Bonny Method of Guided Imagery and Music as taught by the Atlantis Institute for Music and Consciousness. Your music therapist may use a variety of methods: cognitive/behavioral, which addresses how your thoughts affect your emotions and how together they influence your behavior; psycho-dynamic, which addresses how your past experiences may be influencing your present emotional health and worldview; and experiential, which allows direct and symbolic expression of emotions and deeper self-insight.

***The results you obtain from the music therapy interventions will largely depend on your commitment to your own growth process.*** Therefore, homework may be given to continue your growth process between sessions. During this process, uncomfortable feelings may arise. This is normal, and your music therapist will assist you in processing and managing these emotions. As you grow and change, people in your life/significant relationships may be affected as they adapt to the new you. This is also normal and should be discussed with your music therapist.

With your music therapist, you will develop an understanding of the areas you wish to address and the techniques that will best serve you, as well as a treatment plan to guide the direction of your music therapy. This plan is reviewed and revised periodically (approximately every 90 days). You have the right to refuse any treatment services or modalities. Your music therapist will advise you of any potential consequences of such refusal.

**If you are in need of medical attention, you should call 911 or your doctor depending on your need. If you are having a mental health emergency, please call the local crisis line at 256-716-1000 in Madison County or 1-800-691-8426 in other north Alabama counties.**

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Client Signature

Date

### Confidentiality

Your sessions are confidential as well as the music therapist's notes. Your music therapist may use case consultation with other professional therapists in order to serve you better. These therapists will keep any information confidential as well. If you desire specific information to be released to a specific person or agency, you may sign a release of information.

You have the right to request to review your records. You also have the right to request copies of your records. Requests must be made in writing. For copies over 10 pages, you will be charged a fee, 20 cents a page and \$20 per hour for copying time. The music therapist has a right to deny the request to various items in the record if it is deemed psychologically harmful to you (i.e., raw testing data, personality assessments, etc.).



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The music therapist may be legally bound to disclose information if you disclose committing a crime, aiding another in criminal activity, are involved in abuse/neglect/exploitation against a minor or elder, are a danger to yourself or others, or by court-order.

**Limitations of Technology**

While technology (i.e., computers, Internet, cell phone, email, faxes, etc.) is used in the normal course of business at Healing Sounds Music Therapy, there are limitations to the confidentiality of such technology. Every reasonable effort is made to secure your information. *Please be aware at this time, the email system is not encrypted.*

Your music therapist will print and file in your records any email correspondence that you send. However, emails will not be electronically archived.

**Notice of Privacy Practices and Client's Rights**

Please sign below that you have read and received copies of the Privacy Practices and Client's Rights documents.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Payment/Fees**

Payment will be arranged with your music therapist and is due at the time of services.

There is a 24 hour cancellation policy. If you cancel late or don't show up for your appointment, you will be charged the full session rate. However, since things come up at the last minute which cannot be controlled, if you reschedule your appointment within the business week, you will not be charged for the missed session.

I have read and received a copy of the fee schedule document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Referrals for Additional Services**

At times your music therapist may give you suggestions and/or referrals for additional services. It is your responsibility to investigate these options and decide whether or not to enter into a professional arrangement for additional services. If you have a negative experience with a referral, please inform your music therapist.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



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### **Termination of Services**

You or your music therapist may choose to terminate the therapeutic relationship at any time. Optimally, this decision is made jointly during the session and after you have met the treatment goals. If this decision is made outside of the session, whoever makes this decision must contact the other party in writing, email, or by phone. The music therapist may also choose to terminate services if you are not progressing, you need other services the music therapist cannot provide, if you or another person with whom you have a relationship are deemed to be a danger to (likely to harm) the music therapist, or you do not pay your fees. Your music therapist will recommend other providers when necessary.

### **Scheduling Sessions**

Please call 256-655-0648 or email [Stephanie@imageryandmusic.com](mailto:Stephanie@imageryandmusic.com) to schedule appointments. By making arrangements to use the therapeutic services, you are agreeing to all of the conditions stated in this informed consent. If you have questions regarding this information, please ask.

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Client Signature

Date

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Music Therapist Signature

Date