



www.royaltonmusic.com  
10167 Royalton Road • North Royalton, OH 44133  
(440) 237-9400 • mail@royaltonmusic.com

## **Music Therapy Policies & Information**

### **Program Philosophy**

*Royalton Music Center believes that in all areas of life, music therapy can have a positive impact. Our mission is to provide quality music therapy services to support each client's needs while highlighting our client's strengths and encouraging their maximized potential. Each person is unique and their experiences in life are diverse - therefore their treatment should reflect this. Each participant receives individualized treatment with personally designed goals tailored to meet their needs. Our Board-Certified Music Therapists tailor treatment to meet the individual with our client-centered approach.*

### **Fee Schedule**

Rates effective as of February 1, 2025

- All individualized sessions are available either in-person (at Royalton Music Center), or virtually.
  - 30 minutes per week = \$180.00 per month
  - 45 minutes per week = \$270.00 per month
  - 60 minutes per week = \$360.00 per month
- On-site/school, individual and group sessions are available and customized to your school, program, and needs. Fees start at \$175.00 per session (pending number of clients, travel time, length of sessions, etc.).

### **Service Capacity**

- Royalton Music Center's normal store hours are:
  - Monday-Thursday: 12pm-8pm and Saturdays 10am-4pm
- Sessions are scheduled monthly.
- Other times available for on-site visits, pending therapists' availability.

### **Our Services**

- Royalton Music Center currently offers private sessions for all interested parties. Each session is designed for the individual and is based on their needs.
- The Music Therapist conducts an assessment to determine areas of need and establish goals. Music Therapy sessions then focus on the set goals through use of musical based activities. Responses, both musical and non-musical, are documented after each session to keep track of progress.
- Goals may address communication, social skills, and academic, psychological and physical needs.
- There are several musical experiences that may take place such as music improvisation, learning through music, or organized playing.



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### **Therapist Training & Professional Development**

- Royalton Music Center's Music Therapists are required to be Board-Certified and in good-standing with the Certification Board for Music Therapists. Therapists will be competent in clinical writing and have experience working with individuals of varying ages and abilities.
- Royalton Music Center recognizes the value of professional development and personal growth for employees. Therefore, RMC encourages its therapists who are interested in continuing education and job-specific training to research and attend professional conferences when opportunities are presented.

### **Registration, Tuition Payment, and Schedule**

- Monthly tuition includes weekly, private, half-hour sessions. Tuition is the same regardless of how many weeks are in the month or number of sessions taken due to holidays, etc.
- A completed enrollment form with credit card authorization, or proof of outside funding, must be on file before the client will be placed on the schedule.
- **Tuition is paid monthly and is due by the 1<sup>st</sup> of each month**, regardless of the date of the first session.
- Payment is made automatically via credit or funding source. Cash or check is acceptable if paid ***before*** the first of the month.
- In order to stay on the schedule, a valid major credit card or funding source must be on file at all times. To avoid session interruptions, please remember to notify RMC with new card numbers or expiration dates.
- Sessions will not be given on the following holidays: New Year's Day, Memorial Day, one week in July surrounding Independence Day, Labor Day, Wednesday-Saturday of Thanksgiving week, and for one week at the end of December (between the Christmas and New Years holidays).

### **Health & Safety**

*We take the following protocols to ensure the health & safety our clients, students, & staff:*

- Materials including all scarves, instruments, tables, doorknobs, railings, handles, etc. will be sanitized before and after each session.
- Our session spaces are accessible for all clients and the music therapist will utilize adaptive instruments and materials as needed during sessions.



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### **Attendance & Missed Sessions**

- The store must be notified by phone of your inability to keep a scheduled session at least 24 hours in advance of your scheduled time in order to be eligible for a make-up.
- A maximum of 2 make-ups will be allowed during each 3-month quarter (Jan-March, April-June, July-Sept, Oct-Dec). It is your responsibility to request a make-up.
- Cancellations (sessions cancelled less than 24 hours before the session) and no shows (sessions missed without notice) will not be made-up. Sessions cancelled due to emergency or illness will be addressed on a case-by-case basis by the therapist.
- If a make-up is warranted, and the excused session was not scheduled and completed by the therapist, then RMC will issue credit to your account to be used for the following month's tuition. Therapists have 90 days to complete missed sessions.
- Therapists are permitted to miss one scheduled session, without provision for make-up or credit, in Q1 and Q2 of each calendar year. This has been taken into account when calculating monthly tuition.
- If you do not take all of your sessions for the month, the rate is the same.
- We are unable to honor requests for credits for missed sessions.
- Clients with inconsistent attendance and/or frequent late tuition payment may be removed from the schedule at the discretion of the store and/or therapist.

### **Therapist Absence & Weather Cancellations**

- In the rare instance that sessions are cancelled by the store or therapist (due to inclement weather or other such situations), a call will be placed to the client as soon as possible. Store closing info will also be posted on local news channels.
- Sessions are unaffected by school closings, vacation days, etc. Closings are the decision of the store and therapist, and are in no way related to school schedules (unless your sessions regularly take place at your school).

### **Discontinuing Enrollment**

- **In order to withdraw from enrollment, the store must be notified before the 15<sup>th</sup> of the last month of sessions.** Tuition payments are not refundable, so you are encouraged to finish the month.



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### **Store & Client Responsibility**

- Clients will be held responsible for any damages they may cause to RMC property.
- Royalton Music Center has no responsibility or liability for unsupervised minors.
- Parents/legal guardians of minors waive the right to pursue any legal action towards the store or therapists for any injury sustained while at RMC.

### **Administrative Services/Documentation**

- Royalton Music Center's Music Therapists will provide documentation of client's progress towards clinical goals, objectives, and observations during sessions. The documentation will be recorded as outlined by the therapist and the client's clinical team (school, parents, therapists, doctors, etc.). Documentation may be logged weekly, monthly, quarterly, and annually and will be shared as needed or requested.
- Specifically, quarterly reports will outline client's progress towards annual goals. These will be uploaded/shared as required by JPSN/ASP requirements to the resident district.

### **Client Confidentiality & Ethics**

*RMC therapists abide by the American Music Therapy Association's Code of Ethics by implementing the following procedures in practice:*

- The Music Therapist will provide quality client care regardless of the client's race, religion, age, sex, sexual orientation, gender, gender identity or gender expression, ethnic or national origin, color, disability, health status, socioeconomic status, marital status, or political affiliation.
- The Music Therapist will respect, acknowledge, and protect the rights of all clients, including the rights to safety, treatment, respect, dignity, and self-determination, as well as the rights to choose a provider, to exercise legal and civil rights, and to participate in treatment decisions
- The Music Therapist will respect and protect the client's confidentiality at all times and follow any applicable institutional or legal rules and regulations. The Music Therapist will inform the client of all limitations to confidentiality prior to the beginning of treatment.
- The Music Therapist will protect the rights of clients and students under applicable policies, laws and regulations. Music therapists will ensure students and employees abide by privacy laws and exceptions as currently defined in Pub.L. 104-191 - Health Insurance Portability and Accountability Act and Pub. L. 93-380 - Family Educational Rights and Privacy Act, and Title IX- Education Amendments Act.



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**Please complete & return the following 3 pages at your first session**



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### Participant Profile

(please complete & return at your first session)

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Lives at home? Yes \_\_\_ No \_\_\_ If not, where? \_\_\_\_\_

What school does the client attend? \_\_\_\_\_

Are there additional services rendered at the school? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Primary disabilities/ diagnosis: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

Has this individual received Music Therapy services before? Yes \_\_\_ No \_\_\_

If yes, with whom? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason(s) for discontinuing services? \_\_\_\_\_

List expectations or areas of focus you have for Music Therapy services (Goals):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List days and times that are best available to receive services at this location:

\_\_\_\_\_



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**Parent/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby verify that all the information I have provided is true to the best of my knowledge.

\_\_\_\_\_  
 Parent/Guardian

\_\_\_\_\_  
 Date

How did you learn about our services? (Check all that apply)

- Internet
- Funding Source
- Newspaper
- Friend
- School/Workshop
- Church

Other (please list) \_\_\_\_\_



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**Service Confirmation**  
 (please complete & return at your first session)

This is to confirm the following individual(s) will receive Music Therapy services from Royalton Music Center. We urge you to read over the information on the policy sheet concerning attendance and payment. We look forward to serving you with quality Music Therapy services.

**Client Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Will receive Music Therapy services from:** \_\_\_\_\_ **Therapist:** \_\_\_\_\_

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **In-Person or Virtual (circle one)**  
**Location:** \_\_\_\_\_

**Payment/Fees:**

**Funding Source (If applicable):** \_\_\_\_\_

**Length of session:**                      30 min                      45min                      60 min                      120 min

**Monthly Session Fee:**                      \$ \_\_\_\_\_

**Monthly Funding:**                      \$ \_\_\_\_\_

**Payment due monthly from client:**                      \$ \_\_\_\_\_

I have read and understand the Royalton Music Center's rules and regulations in regards to attendance and payment of services outlined on the policy sheet. By signing, I accept the responsibility for payment of all charges on this account, including any mutually agreed upon changes to the registration information above. I further authorize RMC to take photographs of the client to use for marketing purposes.

\_\_\_\_\_  
**Signature of responsible party & Date**

\_\_\_\_\_  
**Music Therapist-Board Certified & Date**

**Please Note:** Your signature indicates continued authorization of the services noted above. This document acts as a legal contract between parties; holding placement for the given individual and indicating the signer as responsible party for payment, unless otherwise noted. This policy applies to all clients, even if a signed acknowledgement is not returned, and supersedes any previous policies and/or contracts.

**By signing, I authorize RMC to charge my credit card on the 1<sup>st</sup> of each month.**

**Credit Card Number** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Signature of Cardholder** \_\_\_\_\_ **Date:** \_\_\_\_\_