

Welcome to Mella Music Therapy

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I am excited to serve you and to make a positive difference in your life through music therapy. It is important that we get off on a firm foundation and on the same page, so please read ALL of the information. There will be a place on the accompanying intake form to indicate that you have read, understand, and agree to all of the information and policies in the welcome packet. Please fill out the intake form as completely as possible and get it back to me no later than the day of your first session.

LOCATION & PARKING

Mella Music Therapy is located at 761 E. University Drive, Suite E, Mesa, AZ 85203. It is on the southwest corner of Horne and University. Please park in the parking lot on the south side of the building and go through the south gate. As the building fills with tenants there will be more people using this parking lot. In the event you cannot find a parking space, you can park in the church parking lot to the south. We have an agreement with them to allow parking, as long as they are not having a big church event. Do not, however, park in the parking lot to the west of the building.

RESTROOM

The complex has a community restroom in the courtyard that must be opened with a key. There will be a bathroom key in the waiting room for you to use if needed. Please return the key to the place you got it when you are finished with it.

SCHEDULING

To get on the music therapy schedule or to change an existing time, you can call or text me at 480-834-7049, email me at charlote@mellamusictherapy.com, or go to the scheduling section of my website: mellamusictherapy.com.

ATTENDANCE POLICY

Please make every effort to make it to your sessions and to be on time so that you can get the most benefit from your music therapy experience. Consistency is key! If at least 24-hour notice is provided, absences will be excused, and a make-up session will be scheduled, if possible. If a session is cancelled 3 hours or less before the scheduled appointment or there is a no-show, full payment will be expected, and no make-up will be given. I will take EMERGENCIES into consideration, if I am notified of the absence between 3 and 24 hours.

Excessive absences may be subject to a fee or possible dismissal. If you know you are going to be gone for an extended period, you will need to take your name off the schedule until you return. If your spot is not available when you come back, I will do my best to find you something else that will work for you.

If you are late to your session, the price will remain the same and you will get whatever time you have left in your regular scheduled time.

AT-HOME PRACTICE

An addition to your music therapy experience is the suggestion of techniques and activities that you can use at home in order to reinforce the concepts and goals that we are focusing on in music therapy. At-home practice can serve as a great way to ensure that you are making continuous progress on your goals.

TYPES and LENGTH OF SESSIONS

We offer both 1-hour and half-hour sessions. The hour sessions are a clinical hour which is 50 minutes. This allows for me to document progress and get ready for the next session. The half-hour session will last about 28 minutes.

PRICING

Assessment- \$125 (Includes a 50-minute session, assessment report, treatment plan with goals, and weekly documentation to track progress)

Individual hour (50 min.)- \$70

Individual half-hour- (25 min.)- \$40

PAYMENT PROCESS

You will be sent an invoice at the end of each month stating the session dates and how much you owe. The invoice is through QuickBooks and you can set up payment information when you get the first one. After that, there will be a place you can click to make a payment. Please let me know if you have any questions about this or need to pay a different way.

MELLA MUSIC THERAPY AUTHORIZED VISITOR RELEASE

I hereby authorize the following visitors to attend the patient’s music therapy sessions:

_____ Music therapy interns and practicum students who will observe and lead sessions under the supervision of a board-certified music therapist employed by Mella Music Therapy. Interns and practicum students will have access to client records and will abide by all HIPAA regulations.

_____ Other visitors, including high school and college students, prospective music therapists, or other individuals participating in job-shadowing. These visitors will not conduct sessions and will not have access to client records. They will be required to sign and abide by a confidentiality notice. Mella Music Therapy will attempt to limit these visitors to no more than once per quarter, unless advance permission for more frequent visitors is obtained from parent/guardian.

I understand that this consent can be revoked in writing at any time without jeopardizing the patient’s services from Mella Music Therapy.

Signature of individual or parent/guardian & date _____

PHOTO AND VIDEO RELEASE

I hereby grant Mella Music Therapy the right and permission to take photographs and/or video recordings of _____ under the following circumstances.

_____ For the personal use of a board-certified music therapist employed by Mella Music Therapy, used as a form of assessment to track patient progress.

_____ For use on company websites and in publications, promotional flyers, educational materials, social media platforms, or for any other similar purpose without compensation to me.

I understand that this consent can be revoked in writing at any time without jeopardizing the patient’s services from Mella Music Therapy.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below.

Signature of Individual Photographed/Date: _____

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian/Date: _____