



Heartland Music Therapy

Contact Information

Client Name: _____

Social Security Number (not needed for prompt pay) _____ - _____ - _____

Date of Birth: _____ Age: _____

Parent(s)/ Guardian(s): _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Primary Phone Number: _____

Secondary Phone Number: _____



Notice of Privacy Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and may/will be used to:

1. Conduct, plan, and direct treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly or indirectly.
2. Obtain payment from third party payers.
3. Conduct normal healthcare operations such as quality assessment and physician/non-physician certifications. **Initial** _____

Cancellation Policy

Advanced notice is required for all cancellations. Cancellations in less than 24 hours will be subject to a \$25.00 cancellation fee, unless the session is rescheduled and attended within **five** business days of the original session fee. Failure to call in advance of a session will result in a 100% charge of the session fee, unless it is a medical or family emergency. **Initial** _____



Heartland Music Therapy

Financial Agreement

I, _____, hereby agree to provide payment for services at the time of services rendered, or in advance of services. I understand that I will be held responsible for any unpaid balances due to *Heartland Music Therapy (checks payable to Mahleah Lavin)*. I understand that unpaid balances over thirty days will be subject a late payment fee equal to the unpaid balance plus an additional 30% of the total unpaid bill.

I choose the following payment schedule: (Check One or More)

After Each Session

Every Two Weeks

Once A Month

I Will Need A Receipt for Services Rendered

I have read and agree to the above.

Signature of Responsible Party

Date