



**Sue Shuttleworth Music Therapy Clinic**

Slippery Rock University  
103 Swope Music Bldg  
Slippery Rock, PA 16057  
Phone: 724-738-2447 Fax: 724-738-4469  
www.sru.edu/musictherapy

Dear \_\_\_\_\_:

Thank you for your interest in the Sue Shuttleworth Music Therapy Clinic at Slippery Rock University of Pennsylvania. We are grateful to have your support in growing the SRU music therapy program over the past 35 years. Our students have benefited in their training by having the opportunity to work with you, your child, or your client(s). We are excited to announce the opening of our on-campus music therapy clinic. This clinic was officially named the “Sue Shuttleworth Music Therapy Clinic” on September 27<sup>th</sup>, 2012 in honor of the founder of the music therapy program, Dr. Sue Shuttleworth, who retired in 2009. This clinic will help us to better serve you, your child, or your client(s). Here are some of the features of our new clinic. Our on-campus clinic is equipped with a one-way mirror to allow you to observe sessions, if you would like, and to provide on-site supervision to enhance the education and training of our music therapy students. You, your child, or your client(s) will also have an opportunity to experience our state-of-the-art technologies that have been installed in the clinic as well a wide array of music instruments, that we were unable to bring to home visits. These include an upright Steinway piano, full drum set, a wide variety of percussion instruments, and audio and video recording equipment. By providing services within our on-campus clinic, you, your child, or your client(s) will have the ability to use many more instruments during the course of their music therapy sessions and our music therapy students will have a greater opportunity to customize services to meet each individual’s needs.

We have tentatively reserved the time \_\_\_\_\_ for your twelve (12) weekly music therapy sessions at our on-campus music therapy clinic at SRU for the Spring Semester. We ask that you fill out the following registration forms and bring them to your next scheduled session or mail them to me at the address listed below:

- Participant/Clinic Rules
- Participant Registration Form & Media Release Form
- Emergency Medical Information and Emergency Contact Form
- Liability Release & Participation Agreement Form
- Functional and Medical Profile
- Payment Policy

Please return all completed paperwork to:

Mail  
Slippery Rock University  
Attn: Nicole Hahna, Music Therapy  
222 Swope Music Bldg  
Slippery Rock, PA 16057

or

Fax  
(724) 738-4469

Should you have any questions, please feel free to contact me at 724-738-2447 or email me at nicole.hahna@sru.edu.

Sincerely,

Nicole Hahna, Ph.D., MT-BC

Clinical Integration Coordinator

## **Participant/Clinic Rules**

1. Plan to arrive 5-10 minutes early for your music therapy session. There is a seating area in the Swope Music Building lobby for your use. Parents/Guardians/Staff may view sessions from the observation room in Swope 102.
2. Each music therapy session will last approximately 50 minutes. If you are late, your session time will be cut short.
3. Sign-in and sign-out of your music therapy session each week.
4. If you are unable to attend your scheduled session, call Dr. Hahna ASAP at (724) 738-2447 to cancel your session. Unless there is an emergency, there will be a \$5 session cancellation fee if we are not notified within 24-hours.
5. Music therapy sessions will be cancelled in the event of...
  - University closure due to inclement weather
  - University break (i.e., Fall Break, Thanksgiving Break, Spring Break)
  - Music therapy conferences
  - Student emergency and/or illnessWe will contact you if your sessions are cancelled. You may call to inquire about the status of sessions by contacting Dr. Hahna (724-738-2447) or the music therapy student that you are working with. If we have to cancel a session, you will not be charged for the session and we will make every effort to re-schedule the session at a time that is convenient for both you and the music therapy student. If we are unable to re-schedule a session, then your next music therapy session will be at the next scheduled time. You will not be charged a session cancellation fee if we have to cancel a session for the reasons listed above.
6. The cost for each music therapy session is \$10/session. Participation in the music therapy sessions takes place over the course of a semester, for a total of twelve (12) sessions.
7. There is NO SMOKING in the facility or on the grounds.

*I have read and understand the Participant/Clinic Rules and fully understand the contents.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Participant/Parent if under 18 or Guardian/Authorized Agent**



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**Participant Registration Information**

Instructions: Please complete this form in its entirety. The information requested will be kept in strict confidence.

**Personal Contact Information**

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Female Male Transgender

Address \_\_\_\_\_

School or Institution Presently Attending \_\_\_\_\_

Parent/Guardian/Staff Name (if under 18) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred Method of Contact: Home Phone Email Cell Phone

Would you like to receive an email reminder of your session time? Yes No

**Media Release Form**

I hereby specifically consent to the use of photo, audio and video material concerning myself/my child/my ward's participation in the Sue Shuttleworth Music Therapy Clinic as deemed proper by Slippery Rock University, specifically, for news releases, professional publications, websites, pictorial exhibits, for educational purposes (teaching and supervision), or for any other use for the benefit of the Sue Shuttleworth Music Therapy Clinic at Slippery Rock University.

Special Instructions:

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

Participant Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Emergency Medical Information & Plan**

Physician's Name \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Insurance Registered To: \_\_\_\_\_

*In case of emergency, contact:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## **Liability Release & Participation Agreement**

**Instructions: Please read the document carefully. Please initial after each paragraph and then sign at the end of the document.**

\_\_\_\_\_ (print name) would like to participate at the Sue Shuttleworth Music Therapy Clinic at Slippery Rock University of Pennsylvania. I, as the UNDERSIGNED, intending to be legally bound, for myself, my heirs, assigns, executors, and administrators, waive and relinquish and release forever any and all claims for damages against Slippery Rock University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania and the instructors, therapists, aides, volunteers, students, and employees of the same for any and all injuries and/or losses that I/my child/my ward may sustain while participating at the Sue Shuttleworth Music Therapy Clinic, or in programs run by Slippery Rock University of Pennsylvania. I have read and understand all information provided.  
\_\_\_\_\_(initial)

I, as the UNDERSIGNED do hereby acknowledge that my/my child's/my ward's participation as part of the Sue Shuttleworth Music Therapy Clinic is part of an educational program at Slippery Rock University and that all music therapy services will be provided by a music therapy student under the supervision of a board certified music therapist. I also have read and understand all information provided. I also understand that information from my/my child's/my ward's participation in the Sue Shuttleworth Music Therapy Clinic may be used for educational purposes, demonstrations, research, and/or publications to improve program development.  
\_\_\_\_\_(initial)

In the case of an emergency and if I cannot be reached, I authorize Slippery Rock University staff and/or students to obtain whatever medical treatment is deemed necessary for the welfare of myself/my child/my ward. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. \_\_\_\_\_(initial)

\_\_\_\_\_ (print name) desires to participate in the Sue Shuttleworth Music Therapy Clinic. I understand that the above mentioned program offered through the Slippery Rock University Music Therapy Program will take place in our on-campus music therapy clinic located in Swope 103 and will require that I arrange for transportation of myself/my child/my ward to and from the Sue Shuttleworth Music Therapy Clinic. I understand that I am financially responsible for the cost of each weekly music therapy session, per the *Payment Policy* provided in this Participant Packet. \_\_\_\_\_(initial)



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I understand that the Sue Shuttleworth Music Therapy Clinic at Slippery Rock University of Pennsylvania does not require that I participate weekly music therapy sessions. I, my heirs and assigns, hereby release Slippery Rock University of Pennsylvania, the State System of Higher Education and the Commonwealth of Pennsylvania, and the instructors, therapists, aides, volunteers, students, and employees of the same from all claims of negligence arising from participation in the Sue Shuttleworth Music Therapy Clinic and/or music therapy sessions. I further agree to hold harmless and indemnify Slippery Rock University of Pennsylvania, the State System of Higher Education and the Commonwealth of Pennsylvania, and the instructors, therapists, aides, volunteers, students, and employees of the same for all defense costs, including attorney fees and any other costs resulting in connection with my participation in this activity. I understand that this release relates to all claims of liability during and after the music therapy session in the Sue Shuttleworth Music Therapy Clinic resulting from a preexisting medical condition. I have read and fully completed the medical form provided by Slippery Rock University and accept full responsibility for omissions or errors on the medical form. I also understand that this release relates to all claims of liability resulting from unforeseen or intemperate weather. \_\_\_\_\_(initial)

I have read this entire acknowledgement and fully understand the contents.

\_\_\_\_\_  
**Participant/Parent if under 18 or Guardian/Authorized Agent**

\_\_\_\_\_  
**Date**

## **Functional and Medical Profile**

**Instructions: Please indicate which medical or behavioral health needs the participant has. Check all that apply**

- Amputation
- Aphasia
- Autism Spectrum Disorders
- Cerebral Palsy
- Deaf/Hard of Hearing
- Dementia
- Down Syndrome
- Emotional/Behavioral Disorder (please specify: \_\_\_\_\_)
- Intellectual Disability (MR)
- Learning Disability (please specify: \_\_\_\_\_)
- Multiple Sclerosis
- Muscular Dystrophy
- Orthopedic Impairments
- Parkinsons Disease
- Post Traumatic Stress Disorder
- Rett Syndrome
- Seizure Disorder
- Speech Impairment
- Spina Bifida
- Spinal Chord Injury
- Stroke
- Traumatic Brain Injury
- Visual Impairment
- Other (please specify: \_\_\_\_\_)

**Is there anything else we need to know about the participant's functioning, in terms of their social, psychological, cognitive, physical, and/or communication needs?**

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**Payment Policy**

The Sue Shuttleworth Music Therapy Clinic charges \$10 per music therapy session. Clients, parents, and staff can sign up for music therapy sessions by the academic semester (Fall, Spring, Summer), for a total of twelve (12) weekly music therapy sessions per semester. The typical music therapy session lasts 50 minutes. If you are unable to keep your appointment, please give us at least 24 hours notice. There is a \$5 cancellation fee if you do not cancel within that timeframe.

**Payment Options:**

- Weekly payment of \$10/week, due at the time of the session.
- 4 monthly payment of \$30, due by the 15<sup>th</sup> of the month.  
(February 15<sup>th</sup>, March 15<sup>th</sup>, April 15<sup>th</sup>, & May 15<sup>th</sup>)
- One time payment of \$120, due by February 30<sup>th</sup>

**Payment Types:**

- Cash
- Check (please make check payable to "SRU MT Clinic")

**Remit Payment To:**

Slippery Rock University  
Attn: Nicole Hahna, Music Therapy Program  
222 Swope Music Bldg.  
Slippery Rock, PA 16057