



Music therapy consent form

Name of client

Date completed

Please indicate below your consent for the following

Yes

No

1. For the client to receive a music therapy assessment and then ongoing therapy if deemed appropriate.
2. For the music therapy sessions to be audio recorded for the therapist's personal reflection.
3. For the music therapy sessions to be video recorded for the therapist's personal reflection.
4. For the therapist to talk about the client for training and supervision purposes – the client's name will be changed for privacy.
5. For the therapist to use video footage for training and supervision purposes.

Signed and print name:

Relationship to client:

Parent email: