

UPSTATE MUSIC THERAPY CENTER LLC
401 Penbrooke Drive • Bldg. #3, Suite SE • Penfield, NY 14526
585.377.1000 • amy@upstatemtc.com • www.upstatemusictherapy4kids.com

SHADOWING REQUEST AND AGREEMENT

Observation Request

I am a high-school student * college student enrolled in music therapy program
 college student – other music therapy intern
 MT-BC other professional _____

Name _____

Phone _____ Email _____

Reason for observation _____

Explain your interest in music therapy: _____

I understand that, unless approved by UMTC, my observations will be limited to no more than **five** 30-minute sessions.

Observer's Name (PRINT)

Observer's Signature

* I authorize my minor child to request an observation with UMTC. I have read and understand these forms. If observations are during school hours, I will also provide documentation from my child's school indicating approval to miss class time for this observation.

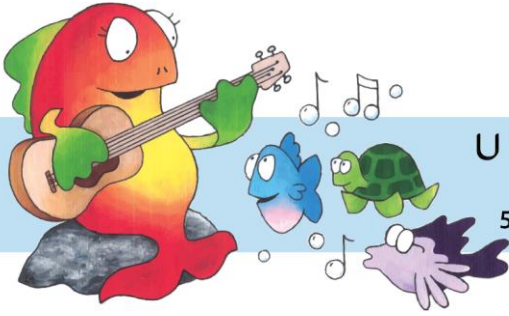
Guardian's Name (PRINT)

Guardian's Signature

Guardian Phone

Guardian Email

*Please send observation requests to the Observation and Internship Coordinator at
Upstate Music Therapy Center, LLC*



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TRANSPORTATION

Upstate Music Therapy Center, LLC (UMTC) is a private practice serving clients across the greater Rochester area. As an observer of UMTC, I will be required to provide my own transportation.

LIABILITY WAIVER

I hereby release UMTC, its contractors, agents, and employees from any and all liability due to any injuries that may result from being in any UMTC session location while participating as an observer.

Observer's Name (PRINT)

Observer's Signature

Date

CONSENT

To the Parent or Guardian of any minor under the age of 18 years:

I have read the above waiver and hereby release UMTC from any liability that might result from my minor child being in any UMTC session location while participating in observation.

Guardian's Name (PRINT)

Guardian's Signature

Date

OBSERVATION CONFIDENTIALITY AGREEMENT

Upstate Music Therapy Center, LLC has a legal and ethical responsibility to safeguard the privacy of all clients and protect their confidentiality. In the course of my observation at UMTC, I may see, overhear, access, or temporarily possess private information of a client. I understand that such information must be maintained in the strictest confidence. As a condition of my observation or visit, I hereby agree that I will not at any time during or after my observation at UMTC use, disclose, or give private information to any person whatsoever for any purpose. I will not attempt to access personal information under ownership or control of UMTC. I understand that a violation of this agreement may result in civil and/or criminal penalties under federal and state law. By my signature below, I confirm my commitment to the above.

Observer's Name (PRINT)

Observer's Signature

Date