I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** give permission to **Julie S. Blackburn, LCPC, NCC, ATR** and **Chartreuse Center** to copy and use/or display artwork and photographs created by me, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** in a professional setting for the purpose of:

* Accept ⬜ Decline Maintain records of artwork created in counseling sessions
* Accept ⬜ Decline Education on the therapeutic use of art therapy
* Accept ⬜ Decline Art therapy research
* Accept ⬜ Decline Marketing art therapy services available / depict Chartreuse

Center services

* Accept ⬜ Decline Photos may be taken of my creating process in order to depict

Chartreuse Center services for marking purposes.

It is my understanding that my name will not be revealed in any presentation or display of my artwork by Julie S. Blackburn, LCPC, NCC, ATR or Chartreuse Center.

This consent to disclose maybe revoked in writing by the undersigned client or counselor at any time.

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

(Client Signature) (Parent or Legal Guardian)

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Julie S. Blackburn, LCPC, NCC, ATR (Date)