CONSENT FOR USE OF ART FOR EDUCATIONAL PURPOSES

CONFIDENTIALITY WILL BE HIGHLY STRESSED. ABSOLUTELY NO NAMES OR ANY OTHER REFERENCES THAT WOULD REVEAL THE IDENTITY OF THE CLIENT / CHILD WILL BE USED.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to use the artwork, and / or (Name of client)

any other relevant materials concerning myself that would not reveal my identity, in (check as desired):

\_\_\_ Supervisory sessions in person (supervision with a clinical supervisor/other mental health professional).

\_\_\_ Consultation with other professionals involved in client’s treatment in person.

\_\_\_ Education and training of art therapy students and professionals in person.

\_\_\_ Publication in professional journals and books (in print or online).

\_\_\_ Presentations at professional conferences and meetings in person.

\_\_\_ Supervisory sessions via telehealth (supervision with a clinical supervisor/other mental health professional).

\_\_\_ Consultation with other professionals involved in client’s treatment via telehealth.

\_\_\_ Education and training of art therapy students and professionals live or by video online.

\_\_\_ Presentations at professional conferences and meetings live or by video online.

If client is a minor, or otherwise not able to sign his / her own name:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to use the artwork produced

(Name of parent or legal guardian)

by my child or my client, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and / or any other relevant materials that would not reveal their identity, in the circumstances checked above, for purposes of training professionals

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

(Signature of Client) (Date)

If you wish, you may select a pseudonym for use in these presentations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_