

FORM 3 Sandplay Therapists of America (STA)

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____,
hereby grant and authorize:

- Jeanne Foss Swaine, MFT (Sandplay Therapist)
- Sandplay Therapists of America (STA)
- International Society for Sandplay Therapists (ISST)

To use all data (including photographs of sandplay images in his/her casework with:

- Myself
- Minor Child of whom I am the parent or legally appointed guardian

For purpose of (please initial all that apply) :

- _____ Research
- _____ Presentation at professional meetings
- _____ Trainings
- _____ Publications
- _____ Electronic publication (utilizing the internet)
- _____ Professional consultation

I understand that I/my child will be assigned a pseudonym (a different name) by the above-named therapist to protect privacy. The last name will not be used. This pseudonym will be : _____

The present authorization will last indefinitely unless I revoke it in writing.

Signature _____ Date _____

Address : _____

Printed Name _____

Therapist / Witness _____ Date _____