

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING, THERAPY, AND SCHOOL PSYCHOLOGY
ART THERAPY PROGRAM
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Lewis & Clark Art Therapy Program Consent for Treatment and for Artwork

This release refers specifically to the consent for art therapy treatment with the Lewis & Clark art therapy student and the release of artwork produced during art therapy activities conducted by the art therapy student _____ during the academic year _____.

I understand that the student is in their Practicum or Internship year of the Masters in Art Therapy program and is functioning under supervision of _____

Site Supervisor Name

at _____ and the faculty at Lewis & Clark Graduate School.
Facility/Agency/School Name

I Do Hereby Consent to the Following (please initial each area of consent):

_____ **Art Therapy Treatment:** I understand art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. A goal in art therapy is to improve or restore a client's functioning and their sense of personal well-being. Art therapy practice requires knowledge of visual art (drawing, painting, sculpture, and other art forms) and the creative process, as well as of human development, psychological, and counseling theories and techniques. I understand that art therapy is a collaborative effort between the art therapy clinician and client in which clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health. I understand that the art therapy clinician is in training at Lewis & Clark College Art Therapy Program. While I expect benefits from treatment, I fully understand and accept that such benefits cannot be guaranteed. I understand that regular attendance will produce the maximum benefits. I understand I or my clinician is free to discontinue treatment at any time.

_____ **Confidentiality:** I understand that all interaction between myself and my clinician is confidential, in accordance with the Health Insurance Portability and Accountability Act (HIPAA). All progress notes, artwork, reports and other treatment materials will become part of my clinical record and remain confidential. Although appropriate staff may have access to my clinical record, staff will not release its contents to anyone unless myself or my legal guardian have given staff written permission to do so, the law requires staff to do so, or it is necessary for staff to do so as a result of a medical emergency (such as imminent threat of harm to self or others). I understand that my clinician may discuss aspects of my treatment during clinical supervision, in order to ensure that I receive the most effective treatment possible.

_____ **Artwork:** I understand that the use of my artwork (and/or photographic reproductions), history/information, and my comments about my artwork will be utilized in the student's education, supervision, and training. I agree to allow background information and the art products to be disclosed only after all identifying information is removed. Confidentiality of all artwork will be protected during use for educational purposes and artwork will be returned following use.

_____ **Video Consent:** I understand that any art activities or group video material will focus on the student's group design and management and his/her basic leadership skills. The video will be used exclusively for the student's supervision, training, and candidacy review. It will be used/viewed only within the Graduate Program in Art Therapy at Lewis & Clark and will be destroyed at the end of class activity.

_____ **Participation Only Consent:** I agree to participate in the group experience but request that I not be included in the video.

_____ **Release And Discharge:** I agree hereby to release and discharge Lewis & Clark and its Masters in Art Therapy program from any and all claims, demands or causes of action that I may now have or may hereafter have for invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of art work or video of the client identified below, or based upon any failure or omission to make use thereof. I further acknowledge that I am to receive no compensation with respect to any matter referred to herein, and any and all of the rights granted herein are freely given.

_____ **Consent to share in a public forum:** I understand that the use of my artwork (and/or photographic reproductions), history/information, and my comments about my artwork will be utilized in the student's final presentation to a public audience. I agree to allow background information and the art products to be disclosed only after all identifying information is removed. Confidentiality of all artwork will be protected during use for educational purposes and artwork will be returned following use.

_____ **Revoke Permission:** I understand that I can revoke my permission at any time by writing to the Art Therapy program, Attn: Director, at the address shown above.

In All Cases the Following Apply:

This permission is granted for the period of time in which this student is engaged in practicum/internship or until terminated upon my request, whichever comes first. I may request termination of this agreement at any time by writing to the Art Therapy program, Attn: Director, at the address shown above. I understand that termination of the agreement would apply to future disclosure of material and does not revoke the release and discharge granted above.

I understand that I am under no obligation to consent or to sign this document. I also understand that my confidentiality will be respected and my identity will not be disclosed.

_____ Signature of Client _____ Date

_____ Signature of Parent/Guardian _____ Date

_____ Client Printed Name

_____ Parent/Guardian Printed Name