MA ART PSYCHOTHERAPY PRACTICE

**Example of a consent form for art therapy with an adult client**

|  |  |
| --- | --- |
| Trainee’s Name: |       |
| On placement at: |       |

I have been given written information on the art therapy process and issues of:

* data storage.
* privacy, confidentiality and sharing information.
* how to make a complaint.

and have discussed this with the trainee art therapist.

I understand the written and verbal information given to me by the trainee art therapist.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES |       |  | NO |       |

|  |  |
| --- | --- |
| Client’s Name: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Signature: |       | Date: |       |

I hereby give consent for art therapy sessions to start.

|  |  |
| --- | --- |
| Client’s Name: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Signature: |       | Date: |       |

Additional requests for permissions – please note that refusing any of the requests below will not affect your right to access treatment:

As a Trainee, I might want to use your art therapy works and images for educational purposes. (Please note that a client’s identity is always anonymised.)

Please let me know if you agree for me to use your art therapy work and images. You are free to withdraw consent at any time.

I give consent for the trainee art therapist to use anonymised content and artworks for educational purposes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES |       |  | NO |       |

|  |  |
| --- | --- |
| Client’s Name: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Signature: |       | Date: |       |