MA ART PSYCHOTHERAPY PRACTICE

**Guideline on Informed Consent and an Example of a Consent Form for Art Therapy with Children and Young People**

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

* privacy and confidentiality
* information sharing
* records access

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I understand the written and verbal information given to me by the art therapist | YES |  | NO |  |

I/We confirm that we are the parent(s)/carer(s)/guardian(s) of (name of C/YP)

|  |
| --- |
|  |

and are legally entitled to give consent to start art therapy.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date |  |
| Parent/Guardian Signature |  | Date |  |
| C/YP Signature |  | Date |  |

**Parent/Guardian of Minor C/YP**

Please initial after each line and sign below, indicating your agreement to respect your child’s privacy:

I am aware that my child needs a ‘healthy degree of privacy’ for art therapy to be effective.

* I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.
* Although I may have the legal right to request written records/session notes since my child is a minor, I endeavour to respect and support their privacy by refraining from requesting access to these.

I understand that I will be informed about situations that could endanger my child. I know the decision to breach confidentiality in these circumstances is up to the therapist’s professional judgment, unless otherwise noted above.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date |  |
| Parent/Guardian Signature |  | Date |  |

I hereby give consent for art therapy to begin.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date |  |
| Parent/Guardian Signature |  | Date |  |

MA ART PSYCHOTHERAPY PRACTICE

**An example of a Consent Form for Art Therapy with Children and Young People**

Additional requests for permissions – please note that refusing any of the requests below will not affect your C/YP’s 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 our 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.

**Child/Young Person**

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

**Parent/Carer/Guardian**

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