

MUTUAL CONSENT CONTRACT FOR USING CLIENT ART

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Contract between _____ and _____.
Art Therapist's Name Client's Name

Please note that all efforts will be made to keep your identity anonymous and confidential in terms of the boxes checked below unless otherwise specified.

I, _____, agree to allow _____
Client Art Therapist

To use and/or display, and/or photograph my artwork for the following purposes:

- Exhibition
- Publication in a professional journal
- Presentation at professional conferences
- Educational purposes
- I do wish to remain anonymous
- I do not wish to remain anonymous

I understand that there are times when my work with you, in art therapy, will be discussed with a clinical supervisor and/or in consultation with other mental health professionals. All efforts will be made to keep your identity anonymous and confidential.

Signed _____ Date _____
Guardian Signature _____ Date _____

I agree to the following: to safeguard your artwork to the best of my ability and to notify you immediately of any loss or damage while your artwork is in my possession, to provide an appropriate format for presentation if I exhibit your artwork, to bear other costs related to exhibition, to return your artwork immediately if you decide to withdraw your consent, and to safeguard your confidentiality.

This form is modeled after an article written by:
Spaniol, S. (1996) Confidentiality reexamined. American Journal of Art Therapy, 32, 69-74.

Therapist Signature _____ Date _____