

Art Therapy for Healing, LLC
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Artwork Release Form

I, (client name) _____, understand my artwork is part of my confidential records and will be treated with the utmost professional and confidential manner. I also understand that my artwork will be used as a means to inform and educate the public about the benefits of creating art in a therapeutic setting. My first name or pseudo-name, age, sex, as well as a brief statement about my artwork, will be the only information used. Any given name will be masked out, and confidentiality will be maintained at all times.

I agree and consent to allow my artwork to be: *Please initial all appropriate*

- _____ Displayed for public viewing in the office
- _____ Photographed or photocopied for educational purposes including supervision meeting, presentations at professional conferences, and/or publications
- _____ Emailed from therapist to myself or released person from an encrypted email
- _____ Displayed, photographed and viewed at the Annual ARTSY (Art in Residential and Therapeutic Settings with Youth) exhibition for media coverage
- _____ Other _____

Client

Parent or Guardian (if minor)

Art Therapist

Date