

Cadenza Center for Psychotherapy and the Arts

Dr. Peg Dunn-Snow, Ph.D. LMHC, LPAT
Licensed Mental Health Counselor and Art Therapist
Art Therapy for Children: Children' Corner at Cadenza Center

Art Therapy Consent Form

I herby give consent that artwork and supporting case material produced by my child,
_____ in evaluation or intervention can be
used by Dr. Peg Dunn-Snow for any of the following purposes:

1. Supervisory sessions;
2. Consultation with mental health professionals relevant to the student's treatment;
3. Education and training of mental health students or professionals, (including part of the written case study);
4. Publication in professional journals
5. Presentation at professional conferences
6. Posting on Professional Internet sites (i.e. websites and professional networking sites)

No reference will be made to the identity of my child and any potentially identifying content will be redacted (removed or edited out) in compliance with Public Law 104-191 Health Insurance Portability and Accountability Act (HIPAA) standards.

The release of information in client records belongs to the client and shall not be shared without permission granted through a formal , specific release of information. (American Mental Health Counselors Association, 2010)

Name of minor: _____

Signature of art therapist: _____

Signature of parent or guardian: _____

Date: _____