

## Art Therapy Consent – Adult

Agency: CMHA/Kelty Dennehy Mental Health Resource Centre

VATI Student Name: Nina Mudry

Dates: from October 2021 to October 2022

I, \_\_\_\_\_ (please print) agree to participate in the clinical placement provided by students of the Vancouver Art Therapy Institute.

- 1. With respect to remote Group Art Therapy services, I understand that there is a risk for sessions to be overheard. It is therefore important to arrange a private location free from distractions or intrusions.**
- 2. Despite best efforts to ensure secure technology, sessions could be disrupted by unforeseen technical problems or the transmission of information could be interrupted or accessed by unauthorized parties. While all reasonable steps will be taken to ensure privacy, the nature of electronic communications technologies is such that we cannot guarantee that other parties may not gain access to our communications.**
- 3. Remote Group Art Therapy services shall not be recorded in any way unless agreed to in writing by mutual consent. I understand that I am prohibited from recording sessions in any form, including videos or photos, using any device.**
4. I give permission for my art to be shown to on-site designated professionals as well as the Vancouver Art Therapy Institute art therapy supervisor.
5. I understand that the information collected will be kept confidential and I will not be identified by name, address, or other specific information which may disclose me to the public. I also understand that art therapists are ethically bound to report all incidents of child abuse or neglect, or those that present an imminent danger to self or others.
6. I understand that the art may be sent to the student's art therapy supervisor via email and in so doing it will contain no identifying features.
7. I authorize the student of the Vancouver Art Therapy Institute to maintain a record of my artwork. 8. I further authorize that these records may be used for educational or research purposes. 9. I understand that the ownership of the original artwork remains with me.
10. I understand that I am free to withdraw consent at any time

\_\_\_\_\_

\_\_\_\_\_

Client Signature

Date

To be completed by the Vancouver Art Therapy Institute Student

VATI Student: \_\_\_\_\_

Date: \_\_\_\_\_

