

# Art Therapy Consent Form

## Client Information

Full Name

Date of Birth

Email Address

Phone Number

## Emergency Contact

Name

Phone Number

Relationship

## Consent

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I understand that I am voluntarily participating in art therapy sessions.

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I understand that all information shared is confidential, except where disclosure is required by law.

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I consent to my artwork/photos being used for therapeutic or educational purposes (optional).

Questions or Concerns

Client Signature

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Date