LEWIS & CLARK

GRADUATE SCHOOL OF EDUCATION AND COUNSELING DEPARTMENT OF COUNSELING PSYCHOLOGY

ART THERAPY PROGRAM 0615 SW PALATINE HILL ROAD PORTLAND, OR 97219-7899

PH: 503-768-6060 EMAIL: cpsy@lclark.edu

Lewis & Clark Art Therapy Program Consent for Art Work

This release refers specifically	1	ctivities conducted by the art therapy counsel.	ing student
	during the academ	ic year	
I understand that the student is	enrolled in the Masters in Art Th	erapy program and is functioning under supe	ervision of
Supervisor Name			
at	and the fac	culty at Lewis & Clark Graduate School.	
Facility/Agency/School	ol Name		
I Do Hereby Consent to the F	ollowing (please initial each are	ea of consent):	
comments about my artwork w information and the art product	ill be utilized in the student's edu	and/or photographic reproductions), history/ication, supervision, and training. I agree to a entifying information is removed. Confidential be returned following use.	allow background
I understand that I program, Attn: Director, at the		any of the above materials at any time by w	riting to the Art Therapy
management and his/her basic	leadership skills. The video w	or group video material will focus on the stu ill be used exclusively for the student's su te Program in Art Therapy at Lewis & Clark	pervision, training, and
Participation Onl	y Consent: I agree to participation	on in the group experience but request that I is	not be included in the
from any and all claims, demand publicity, infringement of copy the client identified below, or be	ds or causes of action that I may right or violation of any other rig ased upon any failure or omission	and discharge Lewis & Clark and its Masters now have or may hereafter have for invasion ht arising out of or relating to any utilization in to make use thereof. I further acknowledge any and all of the rights granted herein are fr	of of privacy or right of of art work or video of that I am to receive no
history/information, and my co agree to allow background info	mments about my artwork will be rmation and the art products to be	at the use of my artwork (and/or photographic utilized in the student's final presentation to disclosed only after all identifying informaticational purposes and artwork will be returned.	o a public audience. I tion is removed.
whichever comes first. I may r	he period of time in which this st equest termination of this agreem nderstand that termination of the	udent is engaged in internship or until terminent at any time by writing to the Art Therapy agreement would apply to future disclosure	y program, Attn: Director,
I understand that I am under no respected and my identity will		his document. I also understand that my con-	fidentiality will be
Client signature	Date	Signature of Parent/guardian	Date
Printed Name	Date	Printed Name	Date