

Deanna Miesch, LPC-S, ATR-BC
1200 E.11th St., #109, Austin, TX 78702
www.arttherapyaustin.com
ph: 512-699-4811

Consent to Photograph Artwork Created in Therapy Sessions

Client Name: _____ DOB: _____

SSN: _____ - _____ - _____

This consent form authorizes Deanna Miesch, LPC-S to photograph my artwork created in/or brought to my therapy sessions. I understand that this material will be used for the purpose of: education, research, consultation and documentation for clerical records.

The material will be held in strictest confidentiality and will only be used for the sole purpose as stated above.

You have the right to decline permission to document artwork created in/or brought to therapy sessions without the services you receive being affected. Please check the following:

_____ I consent to have my artwork created in/or brought to therapy sessions documented for the sole purposes as stated above.

_____ I consent to have my artwork created in/or brought to therapy sessions documented for the following purposes only: _____.

_____ I decline consent to have my artwork created in/or brought to therapy sessions documented.

This consent, unless sooner revoked will expire ninety (90) days following the termination of my therapy.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date