



Art and Play Therapy Informed Consent

I freely and voluntarily consent to have slides/pictures taken of my or my child's play session or artwork to be used in case presentations for academic or research presentations, workshops, and/or publishings.

I understand that my participation is totally voluntary and I may stop participation at any time. Every effort will be made to ensure confidentiality and my name will not appear on my artwork or any written information that may accompany it.

I have the right to ask any questions concerning my artwork and the presentation or research involved with it. I may contact Shea Hughes-Brand at (407) 770-1202 for answers to questions I have. I have read, or have had read to me, this consent form and understand its contents.

Client/Parent/Guardian

Date

Witness

Date