



### CLIENT ARTWORK RELEASE FORM

Contract between \_\_\_\_\_ and \_\_\_\_\_.  
(art therapy intern) (artist/client).

I authorize the art therapy intern identified above to access and utilize artwork created by me during an art therapy session (or reproductions of this work) and relevant information from my case for educational purposes.

I understand that no references will be made to my identity and my confidentiality will be maintained at all times. I understand that my artwork will be safeguarded to the best ability of the art therapy intern and that I will be notified by the art therapist immediately of any loss or damage to my artwork while in his/her possession. I understand that if I withdraw consent my artwork will be returned to me immediately and access to relevant case information and artwork reproductions will no longer be allowed. I hereby release the art therapist listed above from all claims or liabilities relating to access and use of my artwork and case information.

I agree to the electronic transference of my artwork. I understand that there are inherent limitations in the electronic transference of artwork, and that my confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Artist/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Art Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If artist/client is a minor or otherwise unable to sign:*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to artist/client: \_\_\_\_\_

Reason (artist/client) is unable to sign: \_\_\_\_\_