NAZARETH COLLEGE

Creative Arts Therapy Department 4245 East Ave., Rochester, NY 14618 • naz.edu/cat



Art Therapy Confidentiality Agreement

Client Name:	Date:
The Nazareth College Art Therapy Clinic is part of be recorded or observed. Professional clinicians in Arts Therapists who must have access to client in are giving your permission for the following:	n training are supervised by Licensed Creative
 □ Photograph the artwork □ Duplicate the artwork □ Video tape the art therapy sessions □ Audio tape the art therapy session □ Use the artwork in teaching and educations □ Use the session dialogue in teaching and educations 	•
I understand that in all cases the Nazareth Art The protect the identity of the above-named client. A time I choose to withdraw my permission, I will consupervisor and my request will be honored immediately.	Il records will be kept confidential. If at any ontact my art therapist and/or the clinic
Client Signature:	
Client Representative:	
Faculty/Intern:	