

## **Informed Consent for Counseling and Art Therapy**

Sally Giles, ATR-BC, LPC • (503) 929-8807 • [sally@creativecounselingpdx.com](mailto:sally@creativecounselingpdx.com)  
4445 NE Fremont St., Portland, OR 97213 • [www.creativecounselingpdx.com](http://www.creativecounselingpdx.com)

- My participation in counseling and art therapy is voluntary and may be ended by me at any time and for any reason.
- There may be benefits to participation in counseling and art therapy such as improvements in mood, relationships, self-awareness, coping skills, problem-solving, self-expression, experience of pain, meaningful engagement and overall emotional well-being.
- There are risks to participation in counseling and art therapy such as potential for experiencing uncomfortable feelings, emotions or memories; having less effect than expected from therapy, or experiencing discomfort from the process or results of change during therapy.
- There are alternatives to my participation in counseling and art therapy, such as not obtaining therapy or seeking alternative types of therapy that utilize different approaches. Each therapy has risks and benefits.
- A confidential record of my counseling and art therapy sessions, including all artwork, photographic records of artwork, discussions and written documents will remain confidential unless I direct disclosure in writing, or the law requires or permits disclosure. An example of this would be if there is a reason to believe anyone is in immediate, severe danger to health or life including elder or child abuse. *See Client's Bill of Rights on Professional Disclosure Statement for more information about limits of confidentiality including disclosure of information for legal, insurance, or supervision purposes.*

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- I may see my confidential record from counseling and art therapy sessions at any time for so long as it exists.
- If I participate in group therapy, I pledge to keep artwork and discussions of others in my counseling and art therapy group(s) confidential.
- I have received and understand Sally Giles' Professional disclosure statement
- All of my questions regarding this consent and art therapy have been fully answered to my satisfaction.
- My signature below indicates that I understand and agree to the above statements.

Print client name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Print representative name (if applicable): \_\_\_\_\_

Representative signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_