



Many Moons Psychotherapy Services, Inc.
an arts-based approach to emotional health

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Consent About Clinical Artwork

Name of Client: _____

The creation of artwork at Many Mons is an integral part of the therapeutic process. Artwork created during therapy sessions can often contain personal information and clinical content. By signing this form, I understand the following components of physical artwork that is left at the office after a clinical session.

I understand that my/ my child's artwork may:

- be seen, touched, or damaged by other clients or clinicians
- be displayed in a public area within the office building
- be used to teach others about expressive therapies
- release information about myself, my family and their/my mental health needs
- be used for marketing purposes (this includes photographs of myself/my child)
- be taken apart/disassembled if left in the office after a session

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Clinician Signature: _____

Date: _____