

**Consent to Use, Photograph, and Display**

**ART THERAPY WORK PRODUCTS**

I, \_\_\_\_\_, give permission to Nancy Kelley Franke, MA, LPC, ATR to use, photograph, and/or display art work and related case material created by me in a professional setting for the purpose of supervision or education on the therapeutic use of art therapy. It is my understanding that my name will not be revealed in any presentation or display of my artwork. This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

**Client** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Therapist** \_\_\_\_\_ **Date** \_\_\_\_\_