

# Bayside Art Therapy

Brisbane Bayside, Queensland, Australia

Larna Howell | 0405 508 582 | connect@baysideart.com.au

## CLIENT CONSENT FORM FOR ART THERAPY & HICAT SERVICES

### Introduction:

I, \_\_\_\_\_ hereby consent to participate in holistic art therapy sessions with Larna Howell, HICAT & MPHAT, (hereafter called 'the Holistic Art Therapist') and I understand that holistic art therapy is a complementary approach that focuses on promoting emotional, mental, and spiritual well-being through creative expression.

### Definition of Holistic Art Therapy:

Holistic art therapy is a form of therapy that uses art-making as a tool for self-expression, exploration, and healing. It is based on the principles of holism, which considers the interconnectedness of the physical, emotional, mental, and spiritual aspects of an individual. Holistic art therapy is not a substitute for medical or psychological treatment, but rather a complementary approach that can be used in conjunction with other forms of therapy.

### Limitations of Holistic Art Therapy:

I understand that holistic art therapy is not a replacement for medical or psychological treatment. It is not intended to diagnose or treat any medical or psychological condition, nor is it a substitute for professional medical or psychological advice. I acknowledge that the Holistic Art Therapist is not a licensed medical professional, psychologist, or psychiatrist, and that my participation in holistic art therapy sessions does not constitute a doctor-patient relationship.

### Release of Liability:

I hereby release and hold harmless the Holistic Art Therapist, Master Practitioner of Holistic Art Therapy, and Bayside Art Therapy from any and all liability for any outcomes or consequences resulting from my participation in holistic art therapy sessions.

I understand that the Holistic Art Therapist is not responsible for any physical, emotional, or psychological harm that may occur during or as a result of the therapy process. I take responsibility for my own healing journey and my own wellbeing.

### Client Responsibilities and Expectations:

As a client, I am responsible for:

1. Providing accurate and complete information about my medical and psychological history, as well as any medications or treatments I am currently undergoing.
2. Informing the Holistic Art Therapist of any physical or emotional limitations that may impact my participation in holistic art therapy sessions.
3. Respecting the boundaries and confidentiality of the therapy process.
4. Participating actively and honestly in the therapy process, and being open to exploring my thoughts, feelings, and experiences.



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## Client Responsibilities and Expectations continued:

I understand that the Holistic Art Therapist will:

1. Provide a safe and supportive environment for me to express myself through art-making.
2. Respect my boundaries and confidentiality.
3. Work with me to establish clear goals and objectives for our therapy sessions.
4. Provide guidance and support throughout the therapy process.

## Confidentiality:

I understand that the Holistic Art Therapist will maintain confidentiality regarding all information shared during our therapy sessions, except in cases where disclosure is required by law or where there is a risk of harm to myself or others.

## Entire Agreement:

This consent form constitutes the entire agreement between the Holistic Art Therapist and me, and supersedes all prior or coexisting agreements or understandings, whether written or oral.

## Amendments:

This consent form may not be amended or modified except in writing signed by both the Holistic Art Therapist and me.

## Acknowledgement:

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions of this consent form. I understand that I am participating in holistic art therapy sessions at my own risk, and that the Holistic Art Therapist is not responsible for any outcomes or consequences resulting from my participation.

## Signature:

I, \_\_\_\_\_ hereby consent to participate in holistic art therapy sessions with Bayside Art Therapy.

Signature: \_\_\_\_\_

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

