

## ART/EXPRESSIVE ARTS THERAPY CONSENT FORM for Adults

**Platform:** Online Telehealth                      In-Person Session  
**Modality:** Individual                                      Group

I, \_\_\_\_\_ give my agreement and permission to participate in a practicum with the student therapist of the Winnipeg Holistic Expressive Arts Therapy Institute Inc. (WHEAT Institute) in either an online telehealth format via \_\_\_\_\_ or an in-person session from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

### **Confidentiality:**

- I understand that all information will be kept anonymous; and no one will be identified by name, address, or any other specific information.
- I understand the student therapist will discuss matters within their supervision sessions. I further understand that as needed, the Practicum Coordinator, the WHEAT Director and the Practicum Site Coordinator will be consulted, to best meet my needs and safety.

### **Limits of Confidentiality (apply whether online or in-person):**

I understand that all information will be kept confidential unless there is a duty to report:

- there is a threat of bodily harm to self or others
- there is indication of child and/or elder abuse
- the information is requested by subpoena for court purposes.

### **Working online has some additional considerations, such as the following that I understand:**

- that there are risks, benefits, and **consequences** connected with conducting art therapy/expressive arts online, including but not limited to, disruption of connection due to internet or other technology failures.
- that it may be necessary for the student to ask more questions to clarify their understanding, as it is more **difficult to read someone's emotions without being able to see the whole person** and their body language.
- that you will do your best to ensure that only you, or those who have signed informed consents, will be in the room during an online session, or advise the student if that arrangement changes while in an online session.

- that every computer in the world has the possibility of cyber-attack and while we will do the utmost to uphold confidentiality, we cannot guarantee against computer breaches.
- if there is a disruption/ disconnection during the session, we may need to restart the session. If we are unable to reconnect within 10 minutes, we will attempt to reach you by phone at the number you provide:  
\_\_\_\_\_

### Emergency Protocols:

I understand that the WHEAT student may need to contact who I list as my emergency contact and/or appropriate first responders in the case of emergency and further understand:

- that there may be a limited ability to respond to an emergency situation, but you will be asked at the beginning of each session to provide an emergency contact and to identify your location so that contact may be accessed if needed. This person will only be contacted if an emergency is identified.

In case of emergency, my location is: \_\_\_\_\_

My emergency contact person's name is \_\_\_\_\_ and their phone number is: \_\_\_\_\_

### Files and Records:

- I give permission for the student therapist to maintain confidential records of the ongoing sessions, including photographs of the creations.
- I further understand that these confidential records will be shared in supervision sessions and may be shared for educational purposes.
- I understand that the original creations and copyright remain **mine**.

I understand that I am free to withdraw consent at any time.

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

WHEAT Institute Student: \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Practicum Location: \_\_\_\_\_