

***Bonnie Hirschhorn LCSW, LCAT, NCPSYA, ATR-BC  
Psychotherapist***

**ART WORK CONSENT FORM**

**Please read and sign the following consent form.**

*I am the primary person responsible for creating my artwork and writing.  
I release to **Bonnie Hirschhorn LCSW, LCAT, NCPSYA, ATR-BC**  
the right to use digital slides and photos of my artwork in any modality and written  
statements about my artwork, such as title, date and brief summary for the purpose of  
educating professionals about art therapy. My artwork and statements will not be  
identified by my name or by any other personal identifying information.*

---

**Your Name (Print or Type)**

---

**Your Signature & Date**