



GRADUATE ART THERAPY PROGRAM
EASTERN VIRGINIA MEDICAL SCHOOL
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CONTRACT FOR USING CLIENT ARTWORK

Contract between Art Therapy Intern and _____.
Client

I, _____, agree to allow this art therapy intern to use and/or display and/or photograph my artwork for the following purpose(s):

- Educational purposes through graduate art therapy program at Eastern Virginia Medical School
- Consultation with other mental health professionals (includes supervision)
- Presentation at professional conferences
- Publication in a professional journal
- Exhibition

Conditions: _____

CONFIDENTIALITY WILL BE MAINTAINED

This art therapy intern agrees to the following conditions in connection with my use of artwork by _____:
Client

I agree to safeguard your artwork to the best of my ability and to notify you immediately of any loss or damage while your art is in my possession.

I agree to provide an appropriate format for presentation, if I exhibit your artwork, and to bear other costs related to the exhibition.

I agree to return your artwork immediately if you decide to withdraw your consent.

I agree to safeguard your confidentiality.

Consent revoked: _____ Date: _____

Signed: _____ Date: _____
Client

Signed: _____ Date: _____
Legal guardian

Signed: _____ Date: _____
Art Therapy Intern