

**Elizabeth Warson, Ph.D., ATR-BC, LPC, NCC**  
**Healing Pathways, LLC: Arts-Informed Counseling & Consultation**  
Licensed Professional Counselor, Level I EMDR Practitioner  
1136 East Stuart Street, Building 2, Suite 2240  
Fort Collins, CO 80525  
(970) 222-4674  
HealingPathwaysLLC.com

**CONTRACT FOR USING CLIENT ARTWORK**

Contract between Elizabeth Warson and \_\_\_\_\_.

Client

I, \_\_\_\_\_, agree to allow Elizabeth Warson to archive/display and/or photograph my artwork for the following purpose(s):

*please check the appropriate boxes*

- Art exhibition
- Publication in a professional journal
- Presentation at professional conferences
- Consultation with other mental health professionals (includes supervision)
- Educational purposes, such as workshops, seminars, and trainings

Conditions: \_\_\_\_\_

I, Elizabeth Warson, agree to the following conditions in connection with the use of artwork by \_\_\_\_\_:

Client

- I agree to safeguard your artwork to the best of my ability and notify you immediately of any loss or damage while your art is in my possession.
- I agree to provide an appropriate format for presentation and to bear the costs related to the exhibition, if I exhibit your artwork
- 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 Therapist