

H. Mari Grande  
*Art and Trauma Therapist*  
LCSW-R, LCAT, ATR-BC  
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## Art Consent Form

I, \_\_\_\_\_ agree

to allow artwork I make during sessions with Mari Grande to be used for educational purposes as she sees fit. There will be total confidentiality, and any identifying information such as my name will be hidden.

***Artist/client:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address