

Annie Holscher, ATR-BC, LCPAT, CDP
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Professional Disclosure Statement and Informed Consent for Art Therapy Services

Client's Name: _____

Power of Attorney (if applicable): _____

What is Art Therapy?

Art therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight. Art therapy integrates the fields of human development, visual art (drawing, painting, sculpture, and other art forms), and the creative process with models of counseling and psychotherapy. Prior knowledge or experience about art or creative arts therapy is not necessary. (Definition taken from the American Art Therapy Association, Inc., All Rights Reserved.)

About your therapist:

Annie Holscher received her Bachelor of Science in psychology from Virginia Polytechnic Institute & State University (Virginia Tech) in 2008. She received a master's degree in art therapy in 2010 from the George Washington University in Washington, D.C. Annie is board certified (ATR-BC) by the Art Therapy Credentials Board, and is a Licensed Clinical Professional Art Therapist (LCPAT) in the state of Maryland.

Annie has been working with seniors for several years, both in art therapy and activities. She has extensive training and experience in working with early and moderate stage dementia, and is a Certified Dementia Practitioner (CDP). Annie uses a person-centered approach in treatment, focusing on allowing each client to express his or her personality and preferences through artwork.

Goals of the therapy process:

Goals of art therapy may include, but are not limited to: self-awareness, personal fulfillment, self-esteem and empowerment, independence, reminiscence, gross and fine motor skill improvement, decision-making, memory stimulation, stress relief, and sensory stimulation. A high importance is placed on building a strong client-therapist relationship in order to create a safe space to accomplish these goals.

Risks Associated with the Art Therapy Process:

You have the right to know that art therapy can entail both emotional and physical risks.

- During the course of therapy, some people may have emotional responses and reactions that are unfamiliar and may be difficult to experience. The emotional discomfort that may be caused by therapy is usually temporary and will ultimately diminish in time.

- Please inform your therapist about any allergies or special health needs.

About the Art Materials and Artwork:

- Your therapist will be providing art supplies for your use. Please let your therapist know if you have strong preferences about your art materials. Whenever possible, supplies provided are non-toxic.
- The artistic process and product are considered one's private self-expression, therefore artwork will be kept safely by your therapist in a private space (with the exception of specific cases noted in the Release of Artwork form).
- Upon the termination of art therapy services, you may be given options in regards to the storage of artwork.

Confidentiality:

Information discussed in art therapy sessions will remain confidential, except in the circumstances below or any that are mandated by law or by the ethical guidelines of the American Art Therapy Association. I may break confidentiality in the following instances:

1. if the client makes written request for the release of information.
2. if there is risk of serious or foreseeable harm to any person (the client or another person).
3. if I have reason to suspect that a minor-aged, developmentally disabled, or an elderly person is in danger of being abused or neglected. I am legally obligated to report this.
4. if I am ordered to release confidential information by a court of law.
5. if I need to share information with my supervisor, with another professional for consultation, with a health care provider treating the client in an emergency, or with other mental health professionals when necessary to coordinate the client's care. These professionals are also obligated to maintain confidentiality.

Payment & Cancellations:

Individual sessions last between 45-60 minutes, depending on the needs of the client. The fee is a flat/per-session rate regardless of duration, and includes the cost of art supplies. I accept some insurance plans and self-paying clients. All co-pays and service fees for clients using insurance must be paid in full at the time of service. The payment can be made using cash, check, debit or credit cards (Visa, MasterCard, American Express, and Discover). Clients are responsible for the full cost of session fees which are not reimbursed by insurance within 90 days.

For self-paying clients, an invoice will be mailed or emailed by Annie Holscher at the completion of the last therapy session of the month. Invoices are expected to be paid within 14 days of receipt.

Your fee is \$_____ per session.

A \$30.00 returned-check fee will be assessed.

Except in cases of emergency or serious/contagious illness, 24-hour notice is required for cancellation of service. If cancellation occurs after 24-hours before the session, you will be charged the full fee for the missed session. Your therapist may make reasonable efforts to reschedule sessions that are cancelled in a timely manner. Because therapy is a voluntary process, if you repeatedly miss or cancel appointments, services may be terminated.

Emergency Contact:

If there is an emergency during the time we are working together, or if your therapist becomes concerned about your personal safety, it is required by law and the ethics of the art therapy profession that someone close to you is contacted. Your therapist may also be required to contact this person, and/or the authorities, if we become concerned about your harming someone else.

Please write the name and contact information of your chosen contact person in the space provided below:

Request for Services:

I understand I may ask questions about this disclosure and the therapy process at any time. I may also discontinue services at any time. By signing below, I acknowledge I have read and understand this disclosure, and I am requesting art therapy services from Annie Holscher.

Client/POA Signature

Date

Therapist Signature

Date

A copy of this signed agreement will be returned to you.