



Consent To Treat Form

1. I understand that I am about to begin individual psychotherapy with a creative arts therapist. I have been informed about their educational background, training, and degree.

2. I have been informed about the type of therapy I will be attending. I understand that the therapy space is a working space that I can engage with to gain insight and understanding about myself. I am aware that I can use the creative tools of Dramatherapy (Art, Movement, Music, Storytelling and Role Play) to help me on my therapy journey. I understand that I do not have to work creatively during my session. I know that my Therapist works in a client-centred manner, meaning that my session will be led by me. I am aware that I can tell my Therapist about any concerns I have regarding my therapy.

3. I understand that the Therapist will conduct herself according to the ethical principles of the Irish Association of Creative Arts Therapists (IACAT) and will not socialise with me or engage in any intimacies outside of the psychotherapy session. I am aware that if any such concerns arise, that I can contact IACAT, to discuss them confidentially with their complaints committee
email:complaints@iacat.ie

The ethical principles of the Irish Association of Creative Arts Therapists can be viewed here
www.iacat.ie/code-of-ethics

4. I understand that all material from my sessions will be kept completely confidential and in line with child safeguarding principles and GDPR data protection. No material from my psychotherapy will be presented to others (apart from my Therapists supervisor) either informally or formally at conferences or in courses, without prior written consent from myself.

5. I have read the above, agree with its contents, and without coercion provide my signature below.

I also understand I can contact Nicola on 087 2791071 or at nicola.kealy@gmail.com if the need arises.

Clients Name (printed): _____

Clients signature: _____

Date: _____

Nicola Kealy-Therapist : _____