



The Art in Therapy

550 West Main St. Boonton, NJ 07005
Kim Traina-Nolan, MA, LAC, ATR-BC, LCAT, ATCS
Registered and Board Certified Art Therapists
www.theartintherapy.com

Welcome to my Art Therapy practice. This document contains important information about my professional services and business policies. When you sign this document it will represent an agreement between us.

Art Therapy Services

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 wellbeing 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 the modes of counseling and psychotherapy. Art therapists are mental health professionals who hold a master's degree in art therapy. They use art in treatment, assessment and research, and provide consultations to allied professionals. Art therapists work with people of all ages: individuals, couples, families, groups, and communities.

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Group Therapy Sessions

Each individual Art Therapy Group session is 90 minutes. The Teen Anxiety Group will run for a six week session and allow for rolling admission at the beginning of each new rotation.

The **Teen Anxiety Group** will be facilitated by Kim Traina-Nolan and/or another visiting therapist.

Lateness/Missed appointments

Group sessions will start and end at the scheduled time. Due to the nature of group therapy format and process it is important to be committed to the 6 week course. You are an important part of the bigger whole!

Billing and Payments

The fee for the Teen Anxiety Group & Art Therapy is set at \$690.00 based on six 90 minute group sessions.

>All art supplies and materials are included.

>Payments can be made by credit card via Simple Practice (Visa, MasterCard, American Express) or Zelle.

>All sales are final.

Should an emergency arise that prevents your teen from attending Teen Anxiety Group following registration, the fee can be applied to individual art therapy sessions based on the rate of the Art Therapist individual session fee. Please confirm rates with Art Therapist.

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Insurance Reimbursement

New Jersey does not allow Art Therapists to accept insurance at this time. Should your child have a pre-existing diagnosis related to the therapeutic group topic and you are curious about out of network insurance coverage for Art Therapy services it is the responsibility of the insured to confirm with their own insurance company. The Art in Therapy does not handle insurance billing but would be happy to provide you with a billing statement to submit directly.

Contacting Me

I am often not immediately available by telephone (973-462-8584), as I do not answer the phone when I am with a client. I will return your phone call as soon as possible on the day I receive it. You may also email me at kim@theartintherapy.com If you leave a message on a weekend or holiday, I will return your phone call on the following business day, unless it is an emergency. If you are unable to reach me and you feel you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call, or dial 911. If I am away or unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Minors

If you under 18 years of age, it is my policy to request to an agreement from your parents/guardians that they agree to give you confidentiality rights with me as your therapist. If this is agreed upon, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss that matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

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Confidentiality

Confidentiality in group therapy is similar to confidentiality in individual therapy, what is said in group stays in group.

There are some exceptions such as situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example: if I believe a child elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have *rarely* occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you or if a minor their parent before taking action.

Looking forward to having your teen in group!

Best,

Kim

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Agreement Form:

Signature of Client

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Signature of (Parent/guardian if under 18 years of age)

Date:

Date:



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Payment:

Teen Group & Art Therapy:

\$690.00 (6 sessions, 90 minutes each) _____

Credit Card (circle: Visa, MasterCard, American Express)

Card Number : _____ **Exp. Date: (MM/YY)** _____

CVV number: _____ **Zip code of billing address:** _____

Card Holders Signature:



****Group size is limited to 6 (group members) once maximum is reached your teen will be placed on a waitlist.
There is no guarantee of availability once group is full.

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Authorization Consent to Release: Art Work

Name of Client/Student:

Client/Student Date of Birth:

I understand that my Art work contains information about my art therapy session(s). I understand that my art work is a visual record, therefore, protected by state and federal laws which require they are kept confidential and require my written consent to disclose through electronic image for the purpose of educational workshops, seminars, professional articles and/or research in the field of Art Therapy and/or The Art in Therapy website and/or forms. The client/student name/identity will be concealed and follow the guidelines of HIPAA .

I, _____ hereby authorize

Kim Traina-Nolan, MA, LAC, ATR-BC, LCAT, ATCS

To document/share art images for the sole purpose of the following: educational workshops, seminars, professional articles and/or research in the field of Art Therapy and/or The Art in Therapy website and/or forms.

I understand that I have the right to revoke at any time.

I have been informed and understand this authorization to release art work image, the nature of listed content that I am willing to release, and the implications of their release.

Signature of client:

Printed Name/Relationship:

(parent/guardian if under 18 years of age)

Date:

Date:

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Registration Form

Art Therapy Group

Client Demographic:

Name:

Age:

School Name:

Grade:

Home address:

Parent cell phone#

Parent e-mail:

Has your child been in individual therapy before? What was the experience like?

Has your child participated in group talk/art therapy? What was the experience like?

What are you expectations from a group therapy experience?