



# The Art in Therapy

413 Main Street Boonton, NJ 07005  
Kim Traina-Nolan, LCAT, ATR-BC, ATCS  
Registered and Board Certified Art Therapists  
[www.theartintherapy.com](http://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**

The Women's Art Therapy Group is an ongoing open group with a creative emphasis on learning ways to provide self-care through comfort, consolation, relaxation and release.

Each individual Art Therapy Group session is 90 minutes. The group will meet on Wednesday evenings from 7:00-8:30 PM. The Women's Art Therapy Group is structured as an open group format which means new group members enter the group experience at different times.

The **Women's Art Therapy Group** will be facilitated by Kim Traina-Nolan, LCAT, ATR-BC, ATCS.

## **Lateness/Missed appointments**

Group sessions will start and end at the above scheduled time. You may choose to come each week or less per month depending on your schedule. Due to the nature of group therapy format and process it is important to be committed to the group. You are an important part of the bigger whole and we love having you here!

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## Billing and Payments

Women's Art Therapy Group will offer:

3 Payment choices to meet clients individual needs for services and affordability.

***All Art Materials are included in therapy session fee.***

1) Pay each individual session as you go \$50.00 (once the group dynamic is formed most women participate in an average of 3 group therapy sessions per month).

2) Pay for a (2) session block \$90.00~ must be used within a given month purchased.  
(A savings of \$20.00)

3) Pay for a (4) session block \$160.00 ~ must be used within a given month purchased  
(A savings of \$40.00)

Payments are made at the 1st of the month for options (2) or (3). Also, there is always the option to pay as you go per session. A credit card can be left on file for easy option billing purposes.

Just pick the plan that works best for you!

Client Print Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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## **Insurance Reimbursement**

New Jersey does not allow Art Therapists to accept insurance at this time. Should you 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](mailto: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.

## **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 you in group!**

Kim

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Agreement Form:

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Signature of Client

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Kim Traina-Nolan, LCAT, ATR-BC,

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Client Print Name

Date:

Date:



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## Payment:

### Women's Art Therapy Group:

Group Payments will be processed the 1<sup>st</sup> of each month.

4 group sessions = \$160.00 (must be used within the month of purchase)

2 group session blocks = \$90.00 (must be used within the month of purchase)

1 group session = \$50.00

**\*Please note that there are no refunds on group session purchases.** Should an emergency arise that prevents you from attending the Women's Art Therapy Group following payment, the fee can be applied to an individual art therapy session based on the rate of the Art Therapist individual session fee.

Please confirm rates with Art Therapist.

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

Card Number: \_\_\_\_\_ Exp. Date: (MM/YY) \_\_\_\_\_

CVV number: \_\_\_\_\_

Zip code of billing address: \_\_\_\_\_



Should you wish to pay by check please indicate here

Make check payable to: The Art in Therapy, LLC

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

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## Registration Form: Women's Art Therapy Group

Name:

Age (optional):

Home address:

Client Signature:

Cell phone#

E-mail:

Have you been in individual therapy before? What was your experience like?

Have you ever participated in group talk/art therapy? What was your experience like?

What are you expectations from a group therapy experience?

*"Art Therapy is a mental health profession in which clients, facilitated by the Art Therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem" American Art Therapy Association*

Kim Traina-Nolan, ATR-BC, LCAT ATCS

## **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, 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.

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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: