

INFORMED CONSENT AND RELEASE FOR DR. E. HITCHCOCK SCOTT
CLIENT ARTWORK, POETRY, JOURNAL WRITING, NARRATIVE, AND OTHER MATERIALS

I _____ have been a workshop participant and/or client of E. Hitchcock Scott, PhD, LPCC917, and hereby grant to her and her representatives the right, permission and consent to any use as described here in connection with the use of my art work/ drawing/painting/sculpture/photographs, mask making, journal/poetry/lyric writing/screen writing, music, psychodrama/role play and the narrative descriptive history associated with my participation while in treatment or a workshop. This information may be used for clinical studies, presentations and/or editorials. Please INITIAL the following as applies:

_____ Training for Addiction and/or Mental Health Care Service Providers, as well as, Administrators in Hospitals/Clinics/Outpatient Settings/Sober Living Houses and Conferences.

_____ Publications i.e. journal articles, articles, magazines, newsletters, chapter(s) in a larger text or textbook, brochures, internet web pages, Internet TV, television, or advertisements.

_____ I give permission for only my first name and last initial to be used, if needed.

_____ I give permission for an alias name to be used, instead of a first name and last initial.

I hereby release E. Hitchcock Scott, PhD and all of her subsidiaries, members, managers, officers and directors, employees, third party providers and agents from and against any and all liabilities that I may incur from the acquisition or distribution of the identified materials.

I understand that these terms shall serve as a release of liability for my heirs, executors, and administrators.

I understand that execution of this release and participation is voluntary and that my treatment in her care or any related program will not be effected whether or not I decide to participate.

I understand that execution of this release and participation is voluntary and that I will not receive remuneration, monetary compensation or recognition of any kind for the use of this material.

I understand that my full name will not appear or be used and that my identity will be reasonably protected from disclosure to third parties.

I understand that the above consent is subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

Note: It is not possible to use your creative arts and writing productions if the following signature and contact information is not filled out completely.

Please Print Full Name with Signature and Date

Mailing Address

Phone & Email Address

