

# CONFIDENTIAL INFORMATION

Have you ever been part of a group or program that entailed sharing personal and/or professional issues? What was your experience?

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Have you ever attended psychotherapy? (Individual or group) Describe your experience and what you learned?

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Are you currently undergoing psychotherapy? If so, do you plan on continuing throughout the training? It can be a place to deepen your learnings and support your creative process.

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Are there any issues which you are now facing that you believe may make it difficult for you to successfully complete this training of creative self-discovery? Please elaborate below.

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Please use the reverse side of this paper if you need more space for your answers.

I request that if you are or are planning to work with a therapist during the time of the training, that you and your therapist fill out the bottom of this sheet. It is to insure that we can work together towards helping you achieve your personal and professional goals.

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## INFORMATION RELEASE

I \_\_\_\_\_ authorize \_\_\_\_\_  
Patient's Signature      Date      Therapist's Signature      Date  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

to share information concerning my therapeutic work with Jane Goldberg, Ph.D. MFT, REAT, CET., my Expressive Arts Therapy Trainer to help support and strengthen my experience in the training.

I \_\_\_\_\_ hereby authorize \_\_\_\_\_  
Patient's Signature      Date      Jane Goldberg, Ph.D.      Date  
949-760-0115, Email: dr.jane@cox.net  
to share information concerning my experience in the Expressive Arts Therapy Training with my therapist \_\_\_\_\_

Therapist's Signature

This consent form will be effective during the year of your training.