



CONSENT TO DISCLOSURE & ARTFLOZEN STUDIO WAIVER OF RESPONSIBILITY

Client's Name: _____

I acknowledge that ARTFLOZEN STUDIO provides psychoeducational training and education and does not provide psychotherapy, medical, or psychiatric treatment. I understand that if I present a risk to myself or others, or if professional support is required, ARTFLOZEN STUDIO may initiate a referral to an appropriate professional or service.

I authorize the disclosure of the minimum necessary information to the following professional or institution for the purpose of my safety and wellbeing:

Name: _____

Address: _____

Phone: _____

I understand that confidentiality has limits. Under applicable Texas law, certain situations involving abuse, neglect, or circumstances that may endanger an individual may be required to be reported to the appropriate authorities. This disclosure is made strictly to protect my safety and wellbeing.

Client's Name: _____

Signature: _____

Date: _____