



AUTHORIZATION TO USE CLINICAL WORK

Dawn Wilcox, LCSW is committed to providing excellence in healthcare to her clients and their families as well as to other professionals.

Dawn Wilcox, LCSW provides supervision/consultation to other professionals in the field to assist in their education and growth as a therapist. Through the work I recognize that it is most beneficial to utilize examples of client's work to demonstrate various forms of intervention and the treatment process. At no time will any personal identifying information (such as name, address, etc.) be shared with others who might view any of the authorized work.

You are under no obligation to grant me authorization to use the requested information; however, I believe that with these resources, I am better able to train competent and skilled professionals.

I hereby give my permission/authorization for Dawn Wilcox, LCSW to use copies of my/or my child's

_____ Artwork (drawings, paintings, etc.)

_____ Sandtray photos

_____ Clinical Narrative (presenting problem, diagnosis, interventions used, progress)

I understand that this information will be used for educational, information and other training purposes.

Dawn Wilcox, LCSW values and respects your confidentiality.

This authorization may be revoked at any time in writing.

Client/Parent/Guardian

Date