



## Your Family Wellness Village PLLC

*Create. Connect. Diversify.*

- ✓ Individual and Telehealth Therapy
- ✓ Perinatal Therapy
- ✓ Family and Couples Counseling

### Informed Consent for Walk-and-Talk Therapy

Walk-and-talk therapy is a type of counseling that occurs while walking outside in public places rather than sitting in the office. For some clients, walk-and-talk therapy can help reduce ruminations, lessen physical symptoms of anxiety, and facilitate a positive therapeutic experience.

If you are interested, you and your therapist will discuss if walk-and-talk therapy is appropriate for you. By participating in walk-and-talk therapy, you acknowledge and agree to the following:

1. You have had a conversation with your therapist about what to expect during your walk-and-talk therapy session and have had all your questions answered. Your conversation included a discussion about where your walk-and-talk therapy session will take place and for approximately how long it will last.
2. Like any outdoor activity, certain risks are associated with walk-and-talk therapy. By signing this agreement, you agree and are willing to assume these risks. Neither Your Family Wellness Village PLLC nor your therapist is liable for such risks. These risks include but are not limited to falls, exposure to certain weather conditions, bee stings, collisions with cars and bicycles, and other injuries. Your Family Wellness Village PLLC is not legally or financially responsible for any medical conditions or injuries that result from your walk-and-talk therapy session.
3. You have the physical ability and proper health necessary to engage in walk-and-talk therapy. You have no known health problems or medical conditions which could in any way limit your ability to participate in walk-and-talk therapy safely. You assume all health risks associated with this activity. Please communicate with your therapist if your physical ability to engage in walk-and-talk therapy changes during the course of your sessions with Your Family Wellness Village.
4. Although you are going outdoors, your privacy and confidentiality rights remain, and your therapist will make every effort to safeguard your privacy and confidentiality. However, since walk-and-talk sessions are outdoors, there are some risks to confidentiality that are outside your therapist's control. For instance, you may encounter someone you or your therapist knows, someone might overhear the conversation, or someone may recognize your therapist as a mental health professional.
5. You and your therapist have discussed what to do if you encounter someone you know and have agreed to appropriate boundaries.

6. Your therapist is a mental health professional. While engaging in walk-and-talk therapy, the therapist will be practicing under the scope of their mental health license. Your therapist is not a fitness trainer and these services do not encompass weight loss or other physical performance treatment. We do not represent to have expertise in fitness or training and primarily use this type of therapy as a means to build your mental, as opposed to physical, health.
7. You have adequate insurance to cover any injury or damages related to walk-and-talk therapy. You agree to bear the costs of such injury or damage and shall hold Your Family Wellness Village harmless
8. You will communicate to your therapist if you are uncomfortable physically or emotionally during your walk-and-talk therapy session. Do not hesitate to tell your therapist if you no longer feel well enough to continue the walk-and-talk session or if you have changed your mind regarding this type of therapy.
9. You agree to follow all relevant local laws including health and safety guidelines issued by the CDC and local authorities regarding the COVID-19 pandemic.

› ***Client Consent to Walk-and-Talk Therapy.*** I, the undersigned, have read and understood the information provided above regarding walk-and-talk therapy, have discussed it with my therapist, and all my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits of walk-and-talk therapy. I hereby give my informed consent to participate in walk-and-talk therapy under the terms and conditions described in this document. By my signature below, I hereby state that I have read, understood, and agree to the terms and conditions of this document.

› ***Indemnification and Assumption of Risk.*** As a condition of participating in walk-and-talk therapy to the greatest extent permitted by law, you agree to indemnify Your Family Wellness Village PLLC against all claims, liabilities, losses, damages, suits, costs, and expenses (including reasonable attorney’s fees) relating to walk-and-talk therapy, and you agree to assume all associated risk of property damage, injury, or death. The terms of this indemnification and assumption of risk policy shall survive the expiration of the walk-and-talk therapy.

Client Name	Signature	Date
Parent/Guardian Name	Signature	Date
Clinician Name	Signature	Date