

Walk/Talk Therapy Informed Consent

- I, _____, have requested and hereby consent to engage in walk/talk therapy (i.e. therapy sessions conducted outside while walking) with my clinician through Mosaic Counseling Services. I understand that I may request that my session take place within the office at any point in the therapeutic process.

By signing this form, I further agree to the following:

- I agree that I am responsible to set the walking pace of the session.
- I understand that this is not intended to be exercise or a workout training. The focus is the therapeutic discussion, and while physical movement is beneficial to me, the focus is not about exercise.
- I agree to communicate to my therapist if I am uncomfortable physically or emotionally while participating in walk/talk therapy sessions.
- I take complete responsibility for my medical and physical wellbeing and will not hold Mosaic Counseling Services legally or financially responsible for any medical conditions and/or accidents that may arise due to walk/talk therapy.
- If appropriate, I agree to seek a doctor's approval prior to beginning walk/talk therapy sessions.
- If I may have any medical conditions that would be possibly exacerbated by walk/talk therapy, I agree to disclose the medical conditions and understand my therapist may choose to decline this therapeutic service.
- I understand that if my therapist and I come into contact with a person that I know, I have the right to disclose, or not disclose, that I am in a therapy session. I understand that my therapist will follow my guidance should we come into contact with a person I know. Furthermore, I understand that my therapist will make every effort to preserve client confidentiality and privacy while conducting my walk/talk therapy sessions.
- I understand that if my therapist may come into contact with a person he/she knows, my therapist will not acknowledge me as a client, nor will they acknowledge the walk/talk therapy session. The aforesaid will be done in order to maintain confidentiality.

Acknowledgment and Consent

By your signature below, you are indicating that you have read and understand this document, that any questions you have about this document were answered to your satisfaction, that you willingly consent to walk/talk therapy sessions, and that you were offered a copy of this document.

Printed Name of Client

Signature of Client

Date

Printed Name of Parent/Guardian
(If client is under 18)

Signature of Parent/Guardian
(If client is under 18)

Date

Printed Name of Parent/Guardian
(If client is under 18)

Signature of Parent/Guardian
(If client is under 18)

Date

Printed Name of Therapist

Signature of Therapist

Date