



Crossroads Counseling Services, PLLC

Prompt, Professional, and Courteous

- ✓ Individual and Family Therapy
- ✓ Substance Abuse Counseling
- ✓ Medication Management

Informed Consent for Walk-and-Talk Therapy

Walk-and-talk therapy is a type of psychotherapy that occurs while walking outside in public places rather than sitting in the office. For some clients, walk-and-talk therapy helps 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. If you participate in walk-and-talk therapy, you understand 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. There are risks associated with outdoor therapy that you are willing to assume and that neither Crossroads Counseling Services, PLLC nor your therapist are liable for such risks. These risks include but are not limited to stumbling on uneven surfaces, bee stings, injuries from falling or sunburn, and conclusions with cars and bicycles. Crossroads Counseling Services, 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 no known health problems or medical conditions which could in any way limit your ability to participate in walk-and-talk therapy safely, and that you assume all health risks associated with this activity.
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 you, 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 will be acting as a mental health professional under the scope of their mental health license—not as a fitness trainer or in any other capacity.
7. You certify you have adequate insurance to cover any injury or damage you may experience while participating in walk-and-talk therapy sessions or that you agree to bear the costs of such injury or damage.

8. You will communicate to your therapist if you are uncomfortable physically or emotionally during your walk-and-talk therapy session.
9. You certify that you and your therapist will both follow all 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 Crossroads Counseling Services, 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
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Client/Guardian Name	Signature	Date
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Clinician Name	Signature	Date
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