



## Change & Grow

### Walk and Talk Therapy Consent Form

I, \_\_\_\_\_, have requested walk and talk therapy (a therapy session that takes place outside of the therapy office, while walking with my counsellor (through Change & Grow Counselling Services) as part of my healing process. I understand that I may request that my session take place within the office at any point.

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

**Location:** (select one from below)

Cassiobury park, Central Ave, Watford WD18 7LG

Rickmansworth Aquadrome, Frogmoor Ln, Rickmansworth WD3 1NB

I agree that I am responsible for setting the walking pace of the walk and talk session.

I understand that this is not exercise or workout training, and that while movement may be a benefit to me physically, the focus is not about exercise.

- I agree to communicate with my counsellor if I am uncomfortable physically or emotionally while participating in walk and talk therapy.
- I take full responsibility for my medical and physical well-being and will not hold Change & Grow Counselling Services legally or financially responsible for any medical conditions and or accidents that may arise out of walk and talk therapy.
- I agree to seek a doctor's approval before beginning walk and talk therapy, if appropriate.
- If I have any medical conditions that would be detrimental to walk talk therapy. I agree to disclose this and understand my counsellor may not be able to offer this as an option.
- If my counsellor becomes ill or has an accident their next of kin information is in their pocket.
- We will move past any potentially threatening groups, avoiding eye contact.
- The counsellor will be carrying an attack alarm and will use it if needed.
- Both the counsellor and client to have their mobile phone to hand if needed.
- I understand that if my counsellor and I come into contact with a person that I know. I have the right to disclose or not to disclose that I am in a therapy session.



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- I understand that my counsellor will follow my lead should we come into contact with a person I know and my counsellor will make every effort to preserve client confidentiality and privacy while conducting my walk/talk therapy session.
- I understand that if my counsellor should come into contact with a person, she knows, my therapist will not acknowledge me as a client or the walk and talk therapy session as counselling to preserve confidentiality.
- If the weather is bad the therapy will take place at the office.

I agree that I have had all questions answered by my therapist.

I understand and agree to the above regarding Walk and Talk Therapy

Client's signature:

Date:

Client's name (printed)