



This informed consent for walk and talk psychotherapy contains important information focusing on doing psychotherapy while walking. Please read this carefully and let me know if you have any questions. Your signature or electronic submission of this document represents an agreement between you and the Center for Vitality and Balance, LLC and Sandra G. Carey, PsyD, MS.

BENEFITS AND RISKS OF WALK AND TALK SERVICES

Walk-and-talk is a form of psychotherapy or consultation while walking outdoors in public places. I offer walk-and-talk sessions as an optional treatment modality.

Walking sessions typically take place along Iroquois Avenue, Naper Boulevard, or Seager Park located approximately a half mile west of the office on Plank Road.

Walk-and-talk sessions can be used intermittently or regularly and may be discontinued at any time. To participate in walk and talk services, you understand and agree to the following:

- That there are risks associated with any general outdoor activity, that you're willing to assume these risks, and that I'm not liable for such risks. Hazards may include stumbling on un-even surfaces, bee stings, sunburn, twisted ankle, etc.
- That you have no known health problems or medical conditions which could in any way limit your ability to safely participate, and that you assume all health risks associated with this activity.
- That because walk-and-talk sessions are outdoors, there's some risk to confidentiality, including but not limited to the possibility of encountering a person one of us knows, some of our conversation may be overheard by someone, or that someone may recognize me as a mental health professional.
- That I will be acting as a mental health professional under the scope of my mental health license and not as a fitness trainer or in any other capacity.
- That you certify you have adequate insurance to cover any injury or damage you may experience while participating in walk-and-talk sessions, or that you agree to bear the costs of such injury or damage.
- That you certify that we will both follow all health and safety guidance issued by the CDC and local authorities regarding wearing masks and maintaining a safe distance.
- In further consideration of being permitted to participate in walking therapy, I knowingly, voluntarily and expressly waive any claim I may have, now or hereafter, against the Center for Vitality and Balance LLC, and Sandra Carey for injury or damages that I any sustain as a result of participating in walking therapy.

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

CLIENT SIGNATURE _____ DATE _____