



Additional Client Agreement for Walk/Talk Therapy

Walk/talk therapy provides an option to experience a therapy session outside of the therapy room, while walking with your therapist.

We have discussed this option as being suitable as part or all of your therapy. Please review the points below:

- I understand that I may request that my session take place within the therapy room, or that we return to the therapy room during the session.
- I agree that I am responsible for setting the walking pace of the walk/talk session, and my therapist will plan a suitable route (in collaboration with me where possible).
- I agree to communicate with my therapist if I am uncomfortable physically or emotionally while participating in walk/talk therapy.
- I take full responsibility for my medical and physical well-being. EH Therapy is not legally or financially responsible for any medical conditions and/or accidents that may arise out of walk/talk therapy.
- I agree to seek a doctor's approval before beginning walk/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 therapist may not be able to offer this as an option.
- I understand that my therapist will take precautions about maintaining confidentiality (choice of route, care when passing others). If my therapist 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. I understand that my therapist will follow my lead should we come into contact with a person I know.
- I understand that if my therapist should come into contact with a person they know, my therapist will not acknowledge me as a client or the walk/talk therapy session as counselling to preserve confidentiality.

Signed (Client):

Signed (Emily Harrison):

Name:

Date:

Updated August 2022