



scottsville
counseling center

Scottsville Counseling Center
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Walk and Talk Therapy Consent Form and Release

I, _____, have requested walk/talk therapy (i.e. a therapy session that takes place outside of the therapy office while walking with my therapist through Scottsville Counseling Center) 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:

- 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 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 and will not hold Scottsville Counseling Center 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 and talk therapy if appropriate.
- If I have any medical conditions that would be detrimental to walk and talk therapy, I agree to disclose this and understand my therapist may not be able to offer this as an option.
- I understand that if my therapist and I encounter 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 encounter a person I know, and my therapist will make every effort to preserve client confidentiality and privacy while conducting my walk and talk therapy session.
- I understand that if my therapist should come into contact with a person he/she knows, my therapist will not acknowledge me as a client or the walk and talk therapy session as counseling to preserve confidentiality.

- I agree that I have had all questions answered by my therapist. I understand and agree to the above regarding Walk and Talk Therapy.

- I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in Kentucky

Client Signature: _____ Date: _____

Client Printed Name: _____