

WALK & TALK THERAPY CLIENT CONSENT FORM

Jeffrey Adorador, MS - Licensed Marriage Family Therapist # 80129

I _____ have read and discussed with my therapist the details of Walk & Talk Therapy. I have agreed to have my therapy sessions outdoors and can request office time in advance if needed and if I desire.

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

- I agree to pay fees at start of session, check or cash preferred.
- I agree that I am responsible for setting the walking pace of the sessions
- I agree to seek my doctor's approval before walking if appropriate.
- I take full responsibility for any medical and physical well-being of mine and will not hold Jeffrey Adorador, LMFT, or Earthwalker LLC financially responsible for any medical conditions and/or accidents/pains that may arise as a result of walking.
- I agree to communicate with my therapist if I am uncomfortable physically or emotionally while participating in Walk & Talk Therapy.
- I understand that if we come into contact with a person 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. My therapist will make every effort to preserve client confidentiality and privacy while conducting my Walk & Talk Therapy session.
- I understand that nature, the weather, various temperature changes, visual distractions, and parallel experience with my therapist in the environment is part of my therapy process and experiences.
- I agree to self-care and will bring water, nourishment and the proper attire as needed for our walk.

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

Client name (print) _____

Signature _____ Date _____

Phone: _____ email: _____

* **Emergency Contact: Name/Relationship:** _____ **Number:** _____

MINOR CONSENT:

I acknowledge that I have received and understood the information about the therapy I am considering for the minor/child. It is understood that the minor/child will be participating in therapy. I have had all my questions answered fully. My signature below indicates that I have read this agreement for services carefully and understand and agree to its contents.

I, _____, having legal custody, hereby consent to mental
(printed name of legal guardian)

health treatment for _____ with Jeff Adorador, LMFT 80129.
(name of minor)

Parent/Guardian Signature

Date

Parent/Guardian Signature (If both are needed)

Date