



Serenity Counselling Service

07508524408

claire@serenitycounsellingservice.co.uk

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 Serenity 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: Langtons Gardens

- 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 Serenity 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. I understand that my counsellor will follow my lead should we come into contact



Serenity Counselling Service

07508524408

claire@serenitycounsellingservice.co.uk

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)

SAMPLE