

WALK & TALK THERAPY LIABILITY WAIVER/CONSENT FORM - Melissa Gressner, PsyD

This form must be on file in order to participate in Walk & Talk Therapy.

I/we, the client and/or parents/legal guardian, have requested Walk & Talk Therapy (i.e., therapy that takes place outside the therapy office while walking with the therapist) as part of my (or my child/dependent's) healing process.

Permission is hereby granted for _____ Name of client (self or dependent)

to participate in Walk & Talk Therapy services with Melissa Gressner, PsyD & I understand that I (or my child or dependent) may request to change venues (such as return to the office or sit at a bench) or withdraw from Walk & Talk Therapy at any time.

I agree to communicate with my therapist if at any time I am uncomfortable physically or emotionally while participating in Walk & Talk therapy. If appropriate, I agree to seek a doctor's approval before beginning walk/talk therapy. If I (or my dependent) have any medical conditions (including allergies, asthma, disabilities, or other known medical or physical restrictions) that could be a concern with regard to Walk & Talk therapy, I agree to disclose this and understand that my therapist may or may not be able to offer this form of therapy.

I agree that I/we will not hold Melissa Gressner, PsyD financially or legally liable for any reason in the case of client accident, injury, illness or any other medical condition or adverse occurrence while participating in, or that might arise from, Walk & Talk Therapy. Melissa Gressner, PsyD will exercise reasonable caution to protect you, your son, daughter, and/or other dependent, from adverse occurrences. However, in the case emergency medical attention is needed, I give permission to Melissa Gressner, PsyD to call 911 or take the client named above to a doctor and/or hospital if necessary. I understand that contact with the client's emergency contact person would be made as soon as possible depending on circumstances.

Name and phone number of an emergency contact while client is on walking session(s):

Name _____

Phone _____

Relationship to client: _____

I also understand that:

Walk & Talk Therapy is not an exercise program or workout training, and that while movement may benefit me physically; the primary focus is on the therapy, and not the

exercise.

I am responsible for setting the walking pace of the Walk & Talk Therapy session. If my therapist and I 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 and my therapist will make every effort to preserve client confidentiality and privacy while conducting my Walk & Talk Therapy session(s).

If my therapist should come into contact with a person she knows, my therapist will not acknowledge me as a client or the Walk & Talk Therapy session as counseling to preserve confidentiality.

This form of therapy occurs in a public setting (i.e., outdoors) and thus at times the therapist and client may be in the vicinity of people (known or not) who may hear incidental parts of our conversation. Thus, my therapist will to the fullest extent possible in this public setting exercise reasonable caution to protect and maintain my private information and preserve confidentiality.

_____ Printed Name of Client

_____ Psychologist (Witness)

_____ Client Signature (or guardian if a minor)

Date

_____ Date