FOCUS FORWARD
COUNSELING AND CONSULTING, INC.

SUPPORT | GROW | SUCCEED

ALPHARETTA
316 Maxwell Rd., Suite 100
Alpharetta, GA 30009

BUCKHEAD
2964 Peachtree Rd NW, Suite 760
Atlanta, GA 30305

CUMMING
5975 Parkway North Blvd., Suite D
Cumming, GA 30040

INFORMED CONSENT FOR OUTDOOR ("WALK AND TALK") THERAPY

I voluntarily consent to participate in outdoor therapy sessions ("Walk and Talk Therapy"). I understand that outdoor therapy involves conducting therapy sessions while walking or meeting in outdoor settings, such as parks, trails, or other public spaces. This form explains the nature, benefits, risks, and limitations of this therapeutic approach.

Description of Outdoor Therapy

Outdoor therapy combines traditional therapeutic techniques with movement and interaction with nature. Sessions may occur while walking or while seated in an outdoor environment. Outdoor therapy is intended to provide a unique therapeutic experience that may support emotional processing, mindfulness, behavioral change, and the practical application of coping strategies.

Potential Benefits

Potential benefits of outdoor therapy may include:

- A more relaxed and informal therapeutic environment.
- Increased mindfulness and connection with nature.
- Improved emotional well-being and reduction in symptoms.
- Opportunities to practice coping strategies in real-world settings.
- The physical and mental benefits associated with movement and time outdoors.

Potential Risks

I understand that participating in outdoor therapy involves risks, including but not limited to:

- Limited confidentiality due to the public nature of outdoor settings.
- Being seen by or encountering other people during sessions.
- Trip and fall hazards, uneven terrain, and other environmental conditions.
- Exposure to weather, insects, plants, pollen, and allergens.
- Heat exhaustion, dehydration, cold temperatures, or other weather-related risks.
- Physical exertion associated with walking or outdoor activity.

I agree to notify my therapist of any medical conditions, physical limitations, allergies, or other concerns that may affect my ability to participate safely.

Confidentiality and Privacy

My therapist will take reasonable steps to protect my privacy and confidentiality during outdoor sessions. However, because sessions occur in public settings, confidentiality cannot be guaranteed, and others may overhear portions of our conversation.

If privacy concerns arise, the session may be paused, relocated, or rescheduled.

Safety and Conduct

I agree to wear appropriate clothing and footwear and to exercise reasonable care for my own safety during outdoor sessions.

I agree not to attend outdoor therapy sessions while under the influence of alcohol, illegal drugs, or any substance that impairs my judgment or ability to participate safely. If I become aware that I am unable to participate safely, I will notify my therapist immediately.

If at any point I feel unsafe or uncomfortable, I will inform my therapist immediately.

Weather and Scheduling

Outdoor therapy is optional and is not required to receive treatment. Sessions may be canceled, moved indoors, converted to telehealth, or rescheduled due to weather conditions, safety concerns, or privacy considerations.

Emergency Procedures

In the event of an emergency, my therapist will take reasonable steps to protect the safety and well-being of all parties involved. I understand that emergency contact information will be maintained in my clinical record.

Alternatives to Outdoor Therapy

I understand that traditional in-office therapy and telehealth services remain available alternatives to outdoor therapy. I may request a change in treatment format at any time.

Termination of Outdoor Therapy

Either I or my therapist may discontinue outdoor therapy sessions at any time. If outdoor therapy is no longer clinically appropriate or safe, alternative treatment arrangements will be discussed.

Consent

I have read and understand the information in this document. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily consent to participate in outdoor therapy sessions.

_____
Client Name (print)

_____ _____
Client Signature Date

_____
Parent/Legal Guardian Name (if applicable)

_____ _____
Parent/Legal Guardian Signature Date