

Wellness PSI, LLC
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INFORMED CONSENT FOR WALK-AND-TALK SERVICES

Walk-and-talk is a form of psychotherapy or consultation while walking outdoors in public places. I offer walk-and-talk sessions as an optional treatment modality. Walking sessions typically take place along in the neighborhood around my office. Some clients enjoy the experience of movement while talking or feel more comfortable talking side-by-side, rather than sitting face-to-face in an office. Research has shown that walk and talk therapy is particularly helpful for teenagers and younger clients.

If you're interested, we'll decide beforehand if it's clinically appropriate for your situation. Walk-and-talk sessions can be used intermittently or regularly, and may be discontinued at any time. If you participate in walk-and-talk, you understand and agree to the following:

- That there are risks associated with any general outdoor activity, that you're willing to assume these risks, and that I'm not liable for such risks. Hazards may include stumbling on uneven surfaces, bee stings, sunburn, twisted ankle, etc.
- That you have no known health problems or medical conditions which could in any way limit your ability to safely participate, and that you assume all health risks associated with this activity. That because walk-and-talk sessions are outdoors, there's some risk to confidentiality, including but not limited to the possibility of encountering a person one of us knows, some of our conversation may be overheard by someone, or that someone may recognize me as a mental health professional.
- That I will be acting as a mental health professional under the scope of my mental health license—not as a fitness trainer or in any other capacity.
- That you certify you have adequate insurance to cover any injury or damage you may experience while participating in walk-and-talk sessions, or that you agree to bear the costs of such injury or damage.
- That you certify that we will both follow all health and safety guidance issued by the CDC and local authorities regarding wearing masks and maintaining a safe distance.

Client Name

Signature of Client

Date

Parent/Guardian Name (for minors)

Signature of Parent/Guardian

Date