

Informed Consent Addendum/Waiver for Walk and Talk Therapy

- The client understands fully that by engaging in "Walk and Talk Therapy" with EH that he/she's confidentiality cannot be guaranteed due to the public nature of the modality of the therapy being provided. Although EH will maintain confidentiality as required by law (e.g. EH will not reveal client information without client's authorization except as required by law), the client understands that what anyone may hear, see, or assume while the client engaging in Walk and Talk Therapy with EH is not under EH's control.
- **The Walk and Talk Therapy appointment is provided at EH's regular rate of \$100 an hour and cannot be billed to insurance or EAP.**
- Walk and Talk Therapy follows the same cancellation and rescheduling policies as the rest of the EH's practice (e.g. 48 hours notice is required to cancel or reschedule in order to avoid respective fees e.g. \$100 per occurrence).
- The client understands that EH charges travel fees if she is made to meet the client at a predetermined location of the client's choosing (e.g. my home, the beach, etc.). EH's travel fees are charged at a minimum of \$25 per quarter hour of travel time required in total including EH's drive there and back to her office. The client understand that the minimum amount will be charged as is required to achieve the travel and an estimate can be calculated utilizing Google maps starting at EH's office going to and from the client's desired destination.
- **The client understands that EH does not control the weather and that appointments will be held "rain or shine"** - meaning that if there is unfavorable weather, the appointment can be held at the predetermined location but inside a protected area (e.g. If meeting at EH's the appointment will be held in EH's office, if meeting at the client's home then the appointment can occur in the clients home, if meeting at a park the appointment can take place in EH's vehicle, etc.). This "rain or shine" policy of course does not apply if there is a natural disaster underway (e.g. hurricane).
- The client understands that the client will need to obtain his/her treating physician's medical clearance to engage in walking exercise prior to signing up for Walk and Talk Therapy and that by engaging with EH in Walk and Talk Therapy the client is guaranteeing EH that the client's physician has cleared him/her for walking activities and is agreeing that EH is not liable for the client's medical/physical health status while engaging in Walk and Talk Therapy. The client understands that EH may ask for an authorization to speak with the client's doctor/treating physician if EH has any questions concerning the client's health during the course of treatment. The client understands that EH is not accountable for any occurrences that may happen unrelated to the psychotherapy being provided during Walk and Talk Therapy (e.g. any injuries that may happen while walking are not within EH's control/liability).
- The client understands that EH reserves the right to determine whether the Walk and Talk Therapy modality is appropriate for the client's treatment. If EH determines that Walk and Talk Therapy is not an appropriate modality, the client understands EH will provide recommendations and/or referrals for alternative therapies.

Acknowledgement of/Agreement to Informed Consent for Treatment

The undersigned/the client have had the opportunity to ask any questions that the client may have about Elisa Horton, LMFT, LMHC, NCC, Inc's informed consent for treatment. By signing this informed consent the client is agreeing to adhere to all of its contents and is voluntarily choosing to enter into a therapeutic relationship with Elisa Horton, LMFT, LMHC, NCC, Inc. and may terminate services at any time.

Adult Client Name (Printed) Date of Birth Signature Date

Vulnerable Adult/Minor Name (Printed) Date of Birth Guardian Signature & relationship to client Date