

MBT Consent Form - Talk while you Walk Therapy

I, _____, have requested talk while you walk therapy (i.e.TWYW). A therapy session that takes place outside the regular office setting while walking with my therapist from Mind Body Therapeutics as part of my healing process at an agreed upon location by both parties and confirmed in writing by myself. I understand that I may request to resume my sessions take place within an office setting for my next scheduled appointment.

By signing this form, I further agree to the following:

- ❖ I agree that I am responsible for setting the walking pace of the walk/talk session.
- ❖ I understand that this is not for exercise or workout training, and that while movement may be a benefit to me physically, the focus will be on the therapeutic session.
- ❖ I agree to communicate with my therapist if I am uncomfortable physically or emotionally while participating in TWYW therapy.
- ❖ I take full responsibility for my medical and physical well-being and will not hold Mind Body Therapeutics LLC legally or financially responsible for any medical conditions and/or accidents that may arise out of TWYW therapy.
- ❖ I agree to seek a doctor's approval before beginning TWYW therapy where appropriate.
- ❖ If I have any medical conditions that would be detrimental to TWYW therapy I agree to disclose this and understand my therapist may not be able to offer this as an option.
- ❖ I understand that if my therapist 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 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.
- ❖ I understand that if my therapist should come into contact with a person he/she knows, my therapist will not acknowledge me as a client or the walk/talk therapy session as counseling to preserve confidentiality.
- ❖ I agree that I have had all questions and concerns answered by my therapist.

I understand and agree to the above regarding TWYW Therapy:

Client's name (print): _____

Client's signature: _____

Date: _____