



KCM Therapy LLC

Karen Mitchell, LCSW

Informed Consent for Nature Walk Therapy

Nature Walk Therapy refers to psychotherapy sessions that take place outside of the therapy office and involve walking or sitting in an outdoor location, such as a nature trail or public greenspace. When you sign this document, it will represent an agreement between us.

Risks and Benefits

This type of therapy offers the benefits of physical activity, sunshine, fresh air, and immersion in nature – all of which have all been shown to have benefits to overall health and wellbeing. At the same time, there are certain risks and limitations associated with being in an outdoor setting and conducting therapy. Walk and Talk therapy carries the inherent risk that others will see you and your psychologist together and that others can potentially hear the conversation. Before your sessions you and your psychologist will develop a plan for if you run into someone you know (e.g. your psychologist can keep walking). Your psychologist will also develop a plan beforehand for when you are in proximity of someone else (e.g. the conversation can be paused for a short time or use the time to engage in mindfulness practices/skills). If your psychologist should encounter a person they know, your psychologist will not acknowledge you as a client, or the nature of the walk as therapy to preserve confidentiality. You may request that future sessions take place in a different format at any point in time.

Client Expectations

I agree that I am responsible for setting the walking pace of the Nature Walk therapy session. I understand that this is not exercise or workout training, and that while movement may be a benefit to me physically, the focus is not about exercise. I agree to communicate with Karen Mitchell, LCSW if I am uncomfortable physically or emotionally while participating in Nature therapy. I take full responsibility for my medical and physical well-being and will not hold KCM Therapy LLC or Karen Mitchell, LCSW legally or financially responsible for any medical conditions and/or accidents that may arise out of Nature Walk therapy. I agree to seek a doctor's approval before beginning Nature Walk therapy if appropriate. If I have any medical conditions that would be detrimental to Nature Walk therapy, I agree to disclose this information and understand that Karen Mitchell, LCSW may not be able to offer this form of therapy as an option. I recognize that complete confidentiality cannot be maintained during outdoor sessions, and I accept the possibility that other people may hear parts of my conversation.

KCM Therapy, LLC

I have discussed each section of this consent form with the client, who has given me verbal indications that the material has been understood.

Karen Mitchell, LCSW: _____ Date: _____

Clinical Social Worker

I have read and discussed the above information with Karen Mitchell, LCSW. I understand the risks and benefits of this type of therapy and what is expected of me as a client during sessions. Additionally, I understand all information contained and agreed upon in the Informed Consent for Services form also applies to Walk and Talk/Outdoor therapy sessions.

Client Name: _____

Client signature: _____ Date: _____