**Walk and Talk Counselling Information and Agreement**

Note: This is additional to the Counselling Agreement.

**Information**

* Walk and talk counselling / outdoor counselling has lots of benefits, both to the process of counselling and on general health and wellbeing for lots of people. There are a few additional things we need to consider and agree on.
* We will discuss a route with weather, time and health in mind. Let me know any preferences for walking – urban, park, beach, woods, flat, hills etc and we will see if this can be accommodated. All routes will be Risk Assessed in advance, in line with the requirements of my professional insurance.
* You will need to be prepared for the weather! Wear suitable coats, hats, shoes, etc. and bring a drink with you
* I am happy to walk in all but the most extreme weather. If I think there is a risk to either of us I will contact you beforehand to discuss alterations to the session.
* We will walk, pause, sit on a bench, look at the view and engage with the environment to suit your mood and at your pace.

**Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have requested Walk and Talk therapy, a therapy session that takes place outside of the therapy office while walking with my counsellor through MindSight Counselling. I understand that I may request to change it to phone or Zoom at least 1 hour beforehand by text or email.

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

**General**

* I agree that we will meet at an agreed time and place.
* I understand that I am responsible for setting the walking pace of the walk/talk session and that this is not exercise or workout training; while movement may be a benefit to me physically, the focus is not about exercise.
* I agree to communicate with my counsellor in advance if there are any considerations I need to take into account, e.g. fear of dogs, or if I am uncomfortable physically or emotionally while participating in walk/talk therapy.
* We will keep to the current government guidelines with regards to social distancing. However, I understand that if there is a situation where there is risk of imminent and serious harm e.g. medical emergency or severe psychological distress, then my counsellor reserves the right to break social distancing protocol in order to preserve life and safety.

**Health and Medical**

* I agree to advise my counsellor of any health/medical issues (complete below) and to seek a doctor’s approval before beginning walk and talk therapy if appropriate.
* If I have any medical conditions that would be detrimental to walk and talk therapy, I agree to disclose this and understand my counsellor may not be able to offer this as an option.
* I take full responsibility for my medical and physical well-being and will not hold MindSight Counselling legally or financially responsible for any medical conditions and/or accidents that may arise out of walk and talk therapy.
* I will bring any medication I might need with me e.g. inhaler for asthma, sunscreen, EpiPen etc.

**Confidentiality**

* I understand that my counsellor will make every effort to preserve my confidentiality and privacy while conducting my walk/talk therapy session.
* I understand that if my counsellor 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 counsellor will follow my lead in this eventuality.
* I understand that if my counsellor should come into contact with a person she knows, my counsellor will not acknowledge me as a client or the walk and talk therapy session as counselling to preserve my confidentiality.

**This agreement is fully understood and agreed upon.**

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| Client Name: |  |
| Parent/Carer Name:  (if appropriate) |  |
| Client Signature: |  |
| Parent/Carer Signature:  (if appropriate) |  |
| Date: |  |
| Route & Area Preferences |  |
| Emergency Contact: |  |
| Medical Information: |  |