



WALK TALK THERAPY SERVICES AGREEMENT NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

This document contains important information about my professional services and business policies. It also contains information about my policies and practices to protect the privacy of your health information. Please read it carefully and discuss any questions you may have with me. When you sign this document, you will be stating that I provided you with this information and it will represent an agreement between us.

WALK TALK THERAPY SERVICES

Walk Talk Therapy varies depending on the therapist, the client and the client's particular situations and goals. There are many different methods I may use to deal with your particular situations and goals. In order for therapy to have the best outcome, you will have to invest energy in the process and work actively on things we talk about both during and between our sessions.

Walk Talk Therapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety or frustration when discussing aspects of your life. Psychotherapy has been shown to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, it is impossible to predict or guarantee what you will experience.

Our first session will involve an evaluation of your situation and needs and we will discuss goals you want to work towards. During this time, we can both decide if I am the best person to provide the services you need. Walk Talk Therapy can involve a significant investment of time, energy and money, so it is important that you select a therapist you are comfortable working with. If at any time you have questions about some aspect of our work together, please discuss them with me. If you decide that you do not want to continue in therapy with me, please tell me. If you want me to help you find another therapist or other appropriate resources, I will do so.

You voluntarily choose to participate in WALK TALK THERAPY because you believe it may be helpful to your own personal growth and development. You are not participating in WALK TALK THERAPY because of pressure from anyone else. I take full responsibility for communicating and maintaining my personal boundaries and acknowledge that I am not a personal trainer, medical doctor, nurse nor nutritionist.

You acknowledge that participation in WALK TALK THERAPY involves both known and unanticipated risks that could result in physical or emotional injury or damage to yourself or others. You understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of WALK TALK THERAPY. These risks include but are not limited to: emotional stress or trauma, strenuous and vigorous physical, mental and intellectual activity; the possibility of slips, falls, bruises, sprains, lacerations, fractures, animal bites or bee stings, concussions or even more severe life threatening hazards, including death.

SESSIONS

I schedule 45-minute sessions or 60-minute sessions with clients usually once per week at a time we agree on. If you arrive late for an appointment, we will only be able to meet for the remaining time of our scheduled 45 minutes or 60 minutes. Sometimes we will meet more or less than once per week if that is consistent with a treatment plan we both agree to.

If you ever need to cancel a scheduled therapy session, please do so at least 24 hours in advance. If you do not cancel a scheduled appointment with at least 24 hour notice or if you fail to attend a scheduled session, you will be expected to pay the full fee for that session, unless we both agree that you were unable to attend due to circumstances beyond your control.

ASSUMPTION OF RISK & LIABILITY RELEASE

Read the following items pertaining to assumption of risk and liability release, in connection with Walk and Talk Therapy with Jenna Reece, LPC. If you choose to sign and initial this document, and acknowledge agreement of the terms therein, you will be permitted to participate in Walk and Talk therapy sessions with Jenna Reece, LPC. Those who do not sign this document will not be eligible to participate.

For purposes of this document, WALK AND TALK THERAPY refers to Walk and Talk therapy sessions with Jenna Reece, LPC. These sessions consist of psychotherapy while walking/exercising, and take place outdoors in public places.

Initial

- _____ I voluntarily elect to participate in WALK AND TALK THERAPY with Jenna Reece, LPC and in doing so I expressly agree, promise and do accept and assume ALL of the risks existing in WALK AND TALK THERAPY and its individual activities and processes.
- _____ I certify that I voluntarily choose to participate in WALK AND TALK THERAPY because I believe it may be helpful to my own personal growth and development. I am not participating in WALK AND TALK THERAPY because of pressure from anyone else.
- _____ I acknowledge that participation in personal growth and development courses and activities involves both known and unanticipated risks that could result in physical or emotional injury or damage to myself or others. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of WALK AND TALK THERAPY. These risks include but are not limited to: emotional stress or trauma; strenuous and vigorous physical, mental emotional and intellectual activity; the possibility of slips and falls; bruises, sprains, lacerations, fractures, animal bites or stings, concussions or even more severe life-threatening hazards, including death.
- _____ The WALK AND TALK THERAPY therapist, Jenna Reece, LPC, has a difficult job to perform. He/She seeks safety, but is not infallible. He/She might be ignorant of a participant's fitness or abilities. She might misjudge the weather, the elements, or the terrain. He/she may give inadequate warnings or instructions.
- _____ My participation in WALK AND TALK THERAPY is purely voluntary, and I elect to participate in WALK AND TALK THERAPY in spite of the risks. I recognize that I am free to elect to not participate in any given activity or process of WALK AND TALK THERAPY for any reason. I also am free to leave WALK AND TALK THERAPY at any time for any reason.
- _____ Because WALK AND TALK THERAPY is held outdoors in public places, I understand that there are confidentiality risks and consequences to my participation in WALK AND TALK THERAPY, including but not limited to, the possibility, despite reasonable efforts by the therapist that: I may encounter another person that I know, the therapist may encounter another person that

she knows or another person may overhear what I or my therapist says while I am participating in WALK AND TALK THERAPY.

_____ I understand that my relationship with Jenna Reece, LPC is that of client and therapist and is completely professional. I take full responsibility for communicating and maintaining my personal boundaries with _____ I recognize that Jenna Reece, LPC will be acting as my mental health therapist. I understand that Jenna Reece, LPC is not a medical doctor, not a personal fitness trainer, not a physical therapist, not a nurse and not a nutritionist. I recognize that I alone, am responsible for the quality of experience I have at WALK AND TALK THERAPY and for its efficacy in affecting change and development in my life.

_____ I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Jenna Reece, LPC and her family, employers, associates and affiliated organizations, from any and all claims, demands, or causes of action, which are in any way connected with my participation in, transportation to or from, or presence at WALK AND TALK THERAPY, including any such claims that allege negligent acts or omissions on the part of anyone involved in WALK AND TALK THERAPY. I hereby voluntarily agree to said release on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate. I

_____ certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in or present at WALK AND TALK THERAPY, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety at WALK AND TALK THERAPY, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. I have sought the advice of a physician and believe I am in good health.

_____ By signing this document, I acknowledge that if anyone is hurt, or property is damaged during WALK AND TALK THERAPY, or if I feel I have suffered psychological or emotional harm or otherwise am in any way dissatisfied with WALK AND TALK THERAPY, that I may be found by a court of law to have waived my right to maintain a lawsuit on the basis of any claim from which I have released Jenna Reece, LPC and her family, employers, associates and affiliated organizations, as stated above.

_____ I have had sufficient opportunity to read this entire document. I have read and understand all therein, and agree to bind by its terms.

Name of Client

Parent/Guardian Name

Signature of Client

Signature of Parent/Guardian

Date

Date

I certify that I witnessed the above client review, sign and date this document.

Name

Signature

Date