

Walking & Talking Therapy  
April Blair, LMFT#113278  
15233 Ventura Blvd Suite 1208  
Sherman Oaks, CA 91043  
818-512-4399

I, \_\_\_\_\_, have requested walk/talk therapy (i.e. a therapy session that takes place outside of the therapy office while walking with my therapist April Blair, LMFT) as part of my healing process. I understand that I may request that my session take place within the office, on the phone or via video session at any point.

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 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 my therapist if I am uncomfortable physically or emotionally while participating in walk/talk therapy.
- I take full responsibility for my medical and physical well-being and will not hold April Blair, LMFT legally or financially responsible for any medical conditions and/or accidents that may arise out of walk/talk therapy.
- I agree to seek a doctor's approval before beginning walk/talk therapy if appropriate.
- If I have any medical conditions that would be detrimental to walk talk 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 answered by my therapist

I understand and agree to the above regarding Walk/Talk Therapy

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Name (printed): \_\_\_\_\_