

# CONNECT PSYCHOLOGICAL SERVICES, LLC

1580 South Milwaukee, Ave. Suite 407 Libertyville, IL 60048

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## WALK-AND-TALK THERAPY CONSENT

Walk-and-talk therapy is a form of psychotherapy or consultation while walking outdoors in public places. Therapy outdoors is similar to in office sessions and includes assessing your concerns, defining treatment goals, and actively working to move you toward your goals. I offer walk-and-talk sessions as an optional treatment modality. Walking sessions take place at a designated place and most often will start at Dr. O’Keeffe’s office.

If you are interested, we will decide beforehand if it is clinically appropriate for your situation. Some client’s benefit from the experience of movement while talking side-by-side, rather than sitting face-to-face in an office. Other benefits include exposure to light, nature, and exercise. Some people experience a benefit to their energy and mood. Walk-and-talk sessions can be used regularly or intermittently. Some people prefer this option to office visits given the COVID-19 pandemic. These sessions may be discontinued at any time and alternative modalities, such as telehealth or in office sessions, can be considered.

By signing this form, I agree to the following:

1. There are risks associated with any general outdoor activity, and I am willing to assume these risks. Dr. Karen O’Keeffe and Connect Psychological Services are not liable for these risks. Hazards may include stumbling on uneven surfaces, bee stings, sunburns, twisted ankle, etc. I agree to bear the cost of damages or injury to myself, and/or I certify that I have adequate insurance coverage to cover the costs.
2. I have no known medical problems or medical conditions which can in any way limit my ability to safely participate, and I assume all health risks associated with this activity.
3. I recognize this is not a workout. I understand that while movement may benefit me, the focus is working with a licensed psychologist, not a fitness professional or a professional in any other capacity.
4. I understand that because walk-and-talk therapy takes place outdoors there are increased risks to confidentiality, including but not limited to the possibility of encountering a person one of us knows, some of our conversation being overheard by someone, and/or that someone may recognize Dr. Karen O’Keeffe as a mental health professional. I understand that Dr. O’Keeffe will make every effort to preserve confidentiality and privacy. She will not acknowledge me as a client or that we are in a therapy session to preserve confidentiality.
5. I will follow all health and safety guidance issued by the CDC and local authorities, including but not limited to wearing a mask and social distancing.

I take full responsibility for my medical, physical, and emotional well-being. I will not hold Dr. Karen O’Keeffe of Connect Psychological Services legally or financially responsible for any medical conditions and/or accidents that may arise now or in the future from walk-and-talk therapy. My participation is voluntary. I understand there are risks and benefits to this type of therapy. I have read and had the opportunity to ask questions and understand this contract.

I HEARBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT.

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CLIENT SIGNATURE

\_\_\_\_\_  
DATE