

Epic Life Counseling Center

WALK & TALK THERAPY

Liability Waiver/Informed Consent Form

I _____ have opted to receive *Walk and Talk Therapy* offered by Laura Fischetti, LMHC. Walk and Talk therapy is a form of therapy that incorporates walking while talking about issues and problem-solving. I recognize that complete confidentiality cannot be maintained in this venue, and I accept the possibility that other people may hear parts of my conversation, I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way required by Laura Fischetti, LMHC.

In consideration of my participation in this form of therapy, I, _____, hereby release Laura Fischetti, LMHC from any claims, demands, and/or causes of action as a result of my voluntary participation.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Client Signature)

_____ (Date)