

## **Informed Consent for Nature (Outdoors) Therapy**

This Informed Consent for Nature Therapy is a supplement to our client-counselor agreement. Please read this document carefully and let me know if you have any questions.

Nature therapy is a form of psychotherapy/counseling that occurs outdoors and incorporates walking or hiking, sitting, and/or other experiential activities while addressing therapeutic goals and topics. The focus of the experience is therapy, not exercise. We generally meet at various trailheads or parks and may go off-trail at times if you are comfortable with that.

Together, we have determined, via initial phone call, that nature therapy is an appropriate mode of therapy for our work together for the following reason(s):

-Benefits of in person therapy

-Benefits of spending time outdoors in nature, including decreased stress and anxiety, lowered blood pressure, enhanced mood and immune system function, and increased relaxation.

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### **Additional Considerations:**

There are possible risks associated with nature therapy, including, but not limited to:

- Accidental injuries from tripping or falling while walking, or potentially being struck by a tree branch, bicyclist, or car.
- Physical dangers including insect stings; cactus spines; animal bites; falling branches or sticks; sunburn; exposure to heat/cold; and similar risks.
- Adverse weather conditions including heat, rain, dust, allergens, and storms. I will discuss with you your general level of tolerance for adverse weather conditions. I will regularly check weather forecasts the day prior to meeting and communicate with you prior to the session if there may be need for alternatives to meeting outdoors, such as an office visit, a telephone session, or rescheduling the session.
- Confidentiality issues. Because we are not in an enclosed sound-proof space, complete confidentiality cannot be guaranteed. Though every attempt will be made to not engage in private conversations when others are near us, it is not possible to guarantee that conversations will not be heard by others.
- Coming into contact with someone you or I know. If I come into contact with a known person, I will not disclose that you are a client or any other confidential information, and will attempt to minimize my interaction with said person. If you come into contact with a known person, I will not interact with that person but will follow your lead in guiding any interactions.

- Given the prevalence of cellphones, it is also possible that we may be photographed or videoed together without our knowledge and that we would have no control over the dissemination of those photos/videos.
- Perceived informality of the interaction. Although nature therapy might feel more like a social interaction rather than a therapeutic interaction, it is a therapeutic activity. Despite the relative informality of the interaction, the relationship between client and therapist continues to be entirely professional, and not a social relationship.

### **Consent and Agreements**

In order to engage in nature therapy, you understand and agree to the following:

- You understand that participation in nature therapy is completely voluntary and that there are alternative options such as office visits, phone sessions, or referral.
- You agree to obtain approval from your doctor before engaging in nature therapy if you have any medical condition that could affect your ability to participate in this activity and to disclose those conditions or limitations to me. You will inform me immediately if this becomes an issue at any point in therapy.
- You agree to take full responsibility for your physical safety and not to engage in any activity in which you do not feel safe. You will bring water, and medication if needed, wear comfortable shoes for the activity, and wear clothing appropriate for the forecast weather conditions.
- You agree to let your therapist know immediately if you become physically or emotionally uncomfortable during a session.
- You agree to communicate via text or email in a timely fashion in response to communications from me about our meeting location. I will commit to sending communication the day prior to a session and expect you to respond with a confirmation text or email. I agree to send a google maps location or directions as needed, and any pertinent information about forecast weather that may affect choice of location or clothing.

By signing below, you indicate that you are in good physical condition and able to safely engage in nature therapy and that you understand and accept the risks of nature therapy, and nevertheless consent to nature therapy under the conditions outlined above. This consent can be withdrawn in writing at any time.

Client Name

Client Signature/Date

Therapist Signature/Date