

Nick Cutler Adolescents & Family Therapy, LLC
Counseling Services
Outdoor Counseling Informed Consent

I, _____(name), of _____(address), have agreed to outdoor counseling, or a therapy session that takes place outside of my therapist's office. This form serves as a supplement to the general informed consent I signed when initiating services. I am aware that outdoor counseling may take several forms. It may involve sitting outdoors on a bench outside of the office or sitting in a public place. It may also involve sport-related activities such as walking, hiking, jogging, running, tossing the football or playing basketball, all while addressing therapeutic goals and topics. By signing this form, I agree to the following:

1. I understand that participation in outdoor therapy is completely voluntary and that there are alternative options such as teletherapy or in-office services available.
2. I agree that my therapist will select the location and/or set the physical pace of the outdoor session, unless we agree otherwise.
3. I understand that this is not exercise or athletic/personal training, and that, while movement may benefit me physically, the focus will remain therapeutic in nature.
4. I agree to communicate with my therapist if I am uncomfortable physically or emotionally while participating in outdoor counseling. In such a case, the outdoor session would discontinue outside and would instead continue in the therapist's office.
5. I agree that the therapist has the right to terminate the outdoor therapy session and return to his office at any time based on clinical judgment.
6. I take full responsibility for my medical and physical well-being and will not hold Nick Cutler or Nick Cutler Adolescents & Family Therapy, LLC, legally or financially responsible for any medical conditions and/or accidents that may arise during outdoor therapy.
7. If I have any medical conditions that could arise or be detrimental during outdoor therapy, I agree to obtain approval from my doctor and will disclose information relevant to this condition to my therapist prior to engaging in outdoor counseling.
8. I understand that while my therapist will take reasonable steps to ensure the confidentiality and privacy during my outdoor counseling appointment, there is a risk that my session will be less private than an appointment at his office. For example:
 - a. I understand that if the therapist and I encounter a person I know, I have the right to disclose or not to disclose that I am receiving services and/or the relationship with my therapist. I understand that the therapist will defer to my decision, should this situation arise.
 - b. I understand that if the therapist should encounter a person he knows, he will not acknowledge me as a client to preserve confidentiality.
 - c. I understand that both the therapist and I will be visible to the public, and that being seen may lead to assumptions that I am connected to Nick Cutler Adolescents & Family Therapy, LLC. I consent to taking this risk.
 - d. Given the prevalence of cellphones, it is also possible that I may be photographed or videoed with my therapist without my knowledge and that myself or my therapist would have no control over the dissemination of those photos/videos.

9. Perceived informality of the interaction. Although outdoor 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 will remain entirely professional and not social in nature.
10. This consent can be withdrawn at any time by submitting a request in writing to this office.
11. If I have any questions regarding anything in this document, I will request clarification from Nick Cutler prior to signing.

By signing below, I understand that I am consenting to the above-mentioned conditions and risks regarding Outdoor Therapy.

Signature of Client:

Date:

Signature of Parent or Guardian:

Date: