

PATHS Psychological and Therapeutic Healing Services, PLLC
NATURE THERAPY: INFORMED CONSENT TO TREAT

Full Name: _____ Date of Birth: _____

Allergies (to include bugs, bug spray): _____

Medical Alert Information: _____

Emergency Contact Information: _____

I understand the limits to confidentiality required by law. I understand by nature of being outside the office setting, Genie Burns, Psy.D. cannot guarantee other individuals will not observe or overhear communication between us. Reasonable efforts will be taken to minimize any contact with or disruption by outside parties.

I and/or my child understand that by participating in an outside activity carries with it inherent risks that include, but are not limited to: bruises, sprains, other injuries, sun exposure, exposure to poison oak/ivy, and reactions to insect bites or stings. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I and/or my child might incur as a result of participation. I am fully aware of these risks and hereby release Genie Burns, Psy.D. and the owner(s) of the premises from any and all liability, negligence or other claims arising from or in any way connected to this event. My signature acknowledges that I shall not now or at any time in the future bring any legal action against Genie Burns, Psy.D. or the owner(s) of the premises; and that this waiver is binding me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. I give my permission to Genie Burns, Psy.D. to seek emergency medical diagnosis or treatment for me or my child in the event that I am unconscious or unable to make my own decisions. The role of offering medical treatment will be limited to emergency first-aid and either transportation to the nearest medical facility, or contacting such a facility to arrange emergency transport.

By nature of this therapy taking place outside, weather can be unpredictable. Typically, sessions will take place regardless of weather. If Genie Burns, Psy.D. chooses to reschedule the appointment due to severe weather, it will be rescheduled at a time agreed upon by both parties or moved indoors. No other refunds are offered for inclement weather.

I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake nature based psychotherapy (also called Ecotherapy) with Genie Burns, Psy.D. I know I can end therapy at any time I wish.

BY SIGNING BELOW, I AGREE THAT I HAVE CAREFULLY READ ALL THE TERMS ABOVE AND HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS I HAD AND I FULLY UNDERSTAND ALL AREAS COVERED. I GIVE MY INFORMED CONSENT TO PARTICIPATE IN THIS TREATMENT PROCESS.

SIGNATURE OF CLIENT (OR LEGAL GUARDIAN IF A MINOR)

DATE

CLIENT NAME

DATE