

Empowered Wellness Counseling, LLC

Statement of Informed Consent for Let's Walk It Out

I agree and give consent for psychotherapy and treatment by Valerie A. Fahie, MA, LPC through the walk and talk program. I understand that there are certain risks involved, such as being willing to disclose personal information and be open and honest with the therapist. I understand that I have entered into this therapeutic relationship voluntarily and may terminate treatment at any time, however there might be risks involved in terminating treatment early. The scope and nature of this treatment has been explained to me and I understand that there are no guarantees for treatment outcomes. I agree to hold harmless and indemnify the therapist and/or his staff from any damages, suits, claims, or liabilities arising from this therapeutic relationship.

Confidentiality

I understand that confidentiality will be maintained at all times within legal requirements of the State of Pennsylvania and ethical guidelines according to the American Counseling Association Code of Ethics. I understand that confidentiality will NOT be maintained if I threaten or give reason to believe that I will harm myself or others or if child or elder abuse is suspected. I understand that there are inherent risks with outdoor therapy sessions. Confidentiality and privacy are priorities; however there are no guarantees as to others in the vicinity including persons whom may know either counselor or client. Persons outside of the counseling session will be avoided at all costs and if any interactions do occur, Valerie will maintain the confidentiality of the therapeutic relationship and lessen the engagement with others as much as possible.

Fees

I understand the fees involved in this treatment and that payment is expected at the time of the session(s), unless other arrangements have been made. I also understand that failure to pay the expected fee could terminate treatment and the settlement of any unpaid fees will be turned over to a collection agency. I also understand that insurance may not cover this form of therapy and I assume the responsibility to pay the fees out of pocket if necessary.

Appointments

The length of regular sessions is 50 minutes. I understand that appointments should be kept and that I should arrive on time for scheduled appointments. If the client is late for the session, the session time will be cut short based on the allotted time for the session. **If the client is more than 15 minutes late for a scheduled appointment, the appointment will be considered as "no show" and will need to be rescheduled. "No shows" for appointments are subject to being charged for the session. Cancellations need to be made 24 hours prior to scheduled appointments, except in the case of family emergencies. Cancellations not made within 24 hours are also subject to being charged \$25 for the session (except in emergencies).**

Longer sessions for Let's Walk It Out are available upon request and are self-pay only. These sessions are scheduled at local parks for an even greater therapeutic experience. Sessions are 90 mins for \$125, or a two hour session for \$150. These are weather dependent and scheduled in advance and in collaboration.

This consent will be reviewed in session and any questions at any time are welcome.

I have read, understand and agree to the Statement of Informed Consent:

Client [Click or tap here to enter text.](#) Date [Click or tap to enter a date.](#)

Client [Click or tap here to enter text.](#) Date [Click or tap to enter a date.](#)

Therapist [Click or tap here to enter text.](#) Date [Click or tap to enter a date.](#)