



RUNNING THERAPY INFORMED CONSENT

This form is called a Consent for Services for Running Therapy (the "Running Therapy Consent") and is a supplement to the Informed Consent for Services (the "Consent"). Lisa Sciarani / Your Path Forward Counseling, LLC (the "Therapist") has asked you to read and sign this Running Therapy Consent before you start Running Therapy. Please review the information. If you have any questions, contact your Therapist.

RUNNING THERAPY SERVICES

Running therapy is psychotherapy provided while walking, jogging, and/or running outdoors in public spaces. Your Therapist offers Running Therapy sessions as an optional form of treatment delivery (in addition to telehealth). Your Therapist will follow the same approaches, fee schedule, payment and communication policies as described in the Informed Consent but, instead of treatment exclusively delivered through telehealth, the therapy will be delivered while walking, jogging, or running in-person with your Therapist.

Risks and Benefits

In addition to the standard risks and benefits of mental health services, Running Therapy poses additional considerations, including but not limited to the possible risks of:

- Accidental injuries from tripping or falling while walking or running, or potentially being struck by a bicyclist or a car.
- Physical dangers including insect stings; animal bites; falling branches or sticks; sunburn; exposure to heat/cold; and similar risks.
- Adverse weather conditions including heat, rain, and storms. Please note when rain or storms are in the forecast, it may be necessary to reschedule the session or use a telehealth platform instead.
- Confidentiality. Complete confidentiality cannot be guaranteed while outside in public spaces. Though every attempt will be made to keep sessions private, it is not possible to guarantee that conversations will not be heard by others. There is a possibility of encountering someone that you or your Therapist knows or that someone may recognize your Therapist as a mental health professional.
- Incorrectly perceived relationship. Although Running Therapy may have a different feel—like a workout or a social interaction— it *is* a therapeutic activity. The relationship between client and therapist is entirely professional. Although your Therapist is trained as a Long Distance Running Coach, this relationship is *not* one between coach and client.

Possible benefits include:

- Behavioral Activation incorporated into session delivery. Depression and other mood disorders often cause people to isolate, withdraw, and stop engaging in activities that make them feel good or help them make progress towards a fulfilling life. By attending and moving, you may be engaging in Behavioral Activation, an effective treatment for

depression and anxiety. Therapy conducted in a natural, calming setting (vs. the traditional setting of a therapist office).

- Incorporation of physical activity into therapy. Engaging in physical activity can cause endorphins and serotonin to be released in the body to improve mood. Running can cause blood circulation to increase in the brain, enhancing the brain's cognitive functioning, including improved ability to respond to stress and problem-solving creativity. Chemicals released during and after running can improve sleep and emotion regulation. After a run, endocannabinoids are released that cause short-term feelings of calm.

COVID-19 SPECIFIC INFORMATION

The threat of COVID-19 remains an ongoing issue throughout the United States. As a way to mitigate the risk of exposure to COVID-19, your Therapist has begun to offer the option of engaging in therapy outdoors in order to minimize time spent in close proximity to others while indoors.

The decision to engage in Running Therapy is based on current conditions and guidelines which may change at any time. It is possible that a return to remote services will be necessary at some point based on health and safety considerations. This decision will be made in consultation with you, but your Therapist will make the final determination based on careful weighing of the risks and applicable regulations.

Standards for In-Person Therapy During Covid-19 Pandemic

Safety Precautions

- Meet outdoors at predetermined location
- Maintain at least 6 feet of distance from others, excluding Therapist, during sessions
- Use hand sanitizer upon arrival
- Wear a mask

Symptoms of Covid-19

- Fever over 100 or chills. You agree to take your temperature prior to attending.
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat

Risk Factors

- Tested positive for Covid-19
- Awaiting results of your own Covid-19 test
- In contact with someone in past 14 days who has tested positive for Covid-19
- Regularly in close contact with others outside of your family

- In prolonged contact with others outside of your family in past 14 days
- Traveled by air, bus, subway, train, or cruise ship in past 14 days

ACKNOWLEDGMENTS

I understand the following with respect to in-person Running Therapy sessions during the Covid-19 pandemic:

- I understand that Covid-19 is extremely contagious and is spread primarily by person-to-person contact.
- I understand that my Therapist has adopted reasonable preventative measures intended to reduce the spread of Covid-19, but there is still a possibility of transmission as a result of attending in-person therapy.
- I understand that federal and state laws typically authorize public health departments to collect patient information to prevent or control disease and for related public health needs.
- I understand that my Therapist may be required to report Covid-19 related patient information to public health departments, HHS, or the CDC. For example, if anyone who has participated in a session with my therapist tests positive for Covid-19, disclosure may be necessary for contact tracing or other data collection needs. If reporting is required, only the minimum necessary information will be disclosed.
- I understand that participating in Running Therapy is my choice and that I may discontinue Running Therapy at any time and for any reason.
- I understand that my relationship with my Therapist is of client and therapist and completely professional. I understand that my Therapist is a licensed clinical social worker and will be operating under the scope of that particular license, not as a running coach or fitness trainer or in any other capacity.
- I understand the risks associated with Running Therapy, inherent and otherwise.
- I understand that Running Therapy is held outdoors in public spaces and that my Therapist cannot guarantee the confidentiality of the information I choose to disclose during such activities, including but not limited to:
 - the possibility that I may encounter another person I know
 - the Therapist may encounter another person she knows, or
 - another person may overhear what I or my Therapist says while I am participating in Running Therapy, and/or
 - my Therapist may be recognized by others as a therapist.

I agree to the following with respect to in-person Running Therapy sessions during the Covid-19 pandemic:

- I will comply with the outlined safety precautions to limit the spread of Covid-19, as directed by my Therapist.
- I will notify my therapist as soon as possible before my appointment if I have symptoms of Covid-19 or have been exposed to certain risk factors as directed by my Therapist. If this happens, I will cancel my appointment unless my therapist directs me to come in.
- I attest that I have no known health problems or medical conditions which could in any way limit my ability to safely participate in Running Therapy and I assume all health

risks associated with this activity. I further understand the risks associated with general outdoor activity and the hazards that may be presented by natural causes or acts of other persons or animals, whether negligent or intentional.

- I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in or present at Running Therapy, or else I agree to bear the costs of such injury or damage to myself.
- I agree to indemnify and hold harmless my Therapist from any loss, liability, damage, or cost my Therapist may incur due to the provision of Running Therapy to me.

By signing, I (the "Client") certify the following to be true:

- I have read or had this form read to me and/or had this form explained to me.
- I have been given ample time to review the contents of this form.
- I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- I agree to abide by the policies contained in this document.
- I agree to receive mental health therapy services under the conditions outlined in this document.

Client Signature

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date