



Abby Leach MSE, LMHC
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INFORMED CONSENT & ASSUMPTION OF RISK FOR ECO MENTAL HEALTH COUNSELING

I have requested to participate in clinical therapy services outside of a clinical office setting ("Eco Counseling"). I understand this request may be granted if my clinician determines that Eco Counseling is clinically appropriate for me.

I understand Eco Counseling sessions are longer than the usual 50-minute telehealth therapy services and the fee is \$180.00 per 75-minute session, unless other arrangements have been made.

I recognize limitations to confidentiality that are inherent to my participation in Eco Counseling activities and that my clinician may not be able to guarantee confidentiality in this setting.

I recognize that Eco Counseling may involve strenuous physical activity including, but not limited to, cardiovascular activity. I hereby affirm that I am in sufficient physical condition to safely participate in this activity, and I do not have any medical condition which would prevent or limit my participation in Eco Counseling. I agree to seek individual medical advice from my primary care physician prior to engaging in this activity.

I understand that at any point I may choose not to participate in Eco Counseling and that I may revoke this consent and request that my session take place via a virtual telehealth platform.

Acknowledgement & Acceptance of Risk

I understand that Eco Counseling is offered by Abby Leach as an optional alternative to clinical services delivered via telehealth or in her office. I also understand that I am under no obligation to participate in Eco Counseling offered by Abby Leach, that I am free to participate in clinical services from an alternative provider at an alternative location.

My participation in Eco Counseling is with full understanding and acceptance of the following information:

Eco Counseling may include physical activity and may expose me to a range of known and unknown risk including interaction with wild animals. As is the case with any such physical activity, the risk of injury, even serious injury or death, is always present and cannot be entirely eliminated.

I understand that Eco Counseling may not be recommended and may not be safe under certain medical conditions. It is my obligation to obtain medical advice on my individual health condition before undertaking any form of exercise.

I alone am responsible for deciding if participating in Eco Counseling with Abby Leach is safe for me and I am participating in Eco Counseling with Abby Leach at my own risk.

By participating in Eco Counseling with Abby Leach, I agree to defend, indemnify, and hold harmless Abby Leach, her affiliates, contractors, and partners of any and all type, and all of their respective directors, officers, employees, representatives, proprietors, partners, shareholders, principals, agents, predecessors, successors, assigns, accountants, and attorneys from and against any and all injury or other loss, including death, which may in any way arise from the services performed by Abby Leach including any willful misconduct or gross negligence.

Attestation

I agree to voluntarily participate in Eco Mental Health Counseling offered by Abby Leach. I accept all risk of such participation, and I hereby waive any and all claims against Abby Leach arising from my participation.

Client Signature

Date

Print Name