



Nature-Informed Therapy Consent to Treatment

- A. **Description.** It has been explained to me by my provider that Nature-Informed Therapy (NIT) refers to therapeutic intervention that integrates the healing properties of the natural world into mental health treatment. I have discussed in advance my desire to engage in NIT as part of my overall treatment plan. NIT sessions may involve sitting, walking, standing, or laying down in a public space including sidewalks, parks, gardens, tree lines, nature trails, bike paths or near ponds, rivers and lakes. I understand that NIT is not deemed exercise. The focus and purpose of NIT is experiential therapy involving the natural world.
- B. **Benefits.** If recommended by my therapist and agreed to by me, NIT may be used in conjunction with other therapeutic modalities or may be used alone to support the therapeutic process using activities such as rhythmic physical movement, visual stimuli, reduced direct eye contact and relaxation techniques. Exposure to the natural environment may lead to positive changes in brain chemistry, and enhanced ability to process trauma and/or causes of anxiety, depression, and attachment disruptions. I understand and agree that Outdoor Therapeutics is not able to provide any warranty, guaranty, or expected outcome from my participation in NIT, and that any short- or long-term benefit of NIT may be partially or wholly dependent on my collaboration with my provider and my commitment to the therapeutic process. In other words, I understand that the benefits of NIT are, in large part, based on my own engagement with my therapist and the process as described herein.
- C. **Risks and Alternatives to Nature-Informed Therapy.** I understand that NIT takes place in publicly accessible and/or privately-owned natural environment. It has been explained to me that absolute confidentiality cannot be preserved by my therapist when I am in off-site locations outside of a closed-door office setting. My therapist will make all reasonable efforts not to expose my identity or confidential mental health information during an NIT session; however, I acknowledge that there is an inherent risk of a breach in confidentiality during these sessions. By clicking the signature box below, I accept such risks and release Outdoor Therapeutics for any inadvertent breach of confidentiality during an NIT session.

In an outdoor environment, which may require walking, sitting, laying down, and rising to an upright position, I understand and acknowledge the risk of physical and/or psychological injury, illness or disability, including but not limited to falls due to uneven surfaces, inclement weather, insect stings, animal bites, falling branches or rocks, sunburn, exposure to cold/heat/inclement weather, equipment failure, acts of nature, or risks not contemplated in advance by me or my therapist.

These risks are not necessarily caused or contributed to by NIT but are organic to a situation in which outdoor physical activity is part of the therapeutic process. I have disclosed to my therapist any and all prior weaknesses, injuries or infirmities that could affect my ability to sit, walk, lay

down, stand up or any combination of the above. My therapist will make all reasonable efforts to protect my safety and well-being; however, I assume full responsibility for myself and my health, safety and well-being, and hereby release Outdoor Therapeutics from any and all injury or damage occurring prior to, during or following an NIT session.

I understand that I have the option not to participate in NIT, even if recommended by my therapist, and that my refusal will not impact or compromise my care. If I determine that NIT is appropriate based on a recommendation by my therapist, I hereby consent to NIT without reservation, after being fully informed of the risks, benefits and alternatives.

D. Informed Consent. Please read each statement carefully:

- I understand that NIT will take place in outdoor settings including natural spaces and/or greenhouses. The facilities are to be determined at the sole discretion of my therapist. The selected location is not maintained or in any way affiliated with Outdoor Therapeutics nor does Outdoor Therapeutics take responsibility for the condition of the facilities or premises.
- I understand that there are potential risks inherent in the physical activities utilized during an NIT session. I acknowledge that I have consulted with a medical professional prior to agreeing to participate in NIT, and have been cleared for physical readiness prior to my first session. I affirm that I have disclosed any potential health issues to my therapist that could impact my ability to sit, walk, stand, lie down, stand up or any combination of these activities.
- I understand that communications between me and my therapist may not be confidential in a public space or a private property owned by a third party outside of the office. It is possible that I could be seen and identified by others and that otherwise confidential communications may be overheard by third parties. In the event that such communications are disclosed during an NIT session, I have been properly informed of such a risk and have undertaken that risk knowingly.
- I understand and have discussed with my therapist the benefits, risks, and alternatives to NIT. With full knowledge that there are factors beyond the control of Outdoor Therapeutics, I hereby consent to participate in NIT and assume all risks inherent in this type of therapy. I have altered my therapist in advance in the event I feel I cannot participate in any aspect of NIT and understand that I may rescind and revoke this Consent at any time.

E. Certification. I certify that all medical history and health information provided in writing or verbally to my provider is accurate to the best of my recollection and knowledge. I have disclosed all medical conditions of which I am aware and agree to inform my provider of any and all changes to my physical or mental health. If I elect not to disclose certain information for privacy reasons, I understand that my provider will base their recommendations solely on the information available to the provider. It has been explained to me that NIT is not a substitute for the care of a medical professional.

By checking the box below, I agree to the recommended treatment and have had the opportunity to ask questions. My questions have been answered to my satisfaction. At any time, I may withdraw this consent and this election will not impact my treatment relationship with Outdoor Therapeutics. If I elect to terminate treatment, Outdoor Therapeutics has agreed to maintain my treatment records in accordance with the Maryland Records Retention law. My records may only be shared with a third party or subsequent treating provider if I authorize such disclosure in writing. I understand that NIT is not an exact science and that my mental health provider has made no predictions, guarantees, or warranties for a certain result, outcome, or achievement of goal(s).

CLIENT NAME: _____

RELATIONSHIP: _____

AUTHORIZED SIGNATURE: _____

DATE: _____