



# COMPULSION SOLUTIONS

Help for Sex Addiction and Porn Addiction

## James Gallegos, MFT

43 Quail Ct, Suite 206 ■ Walnut Creek, CA 94596 ■ T (925) 932-0202 ■ M (925) 383-3466 ■ F (925) 470-2275  
MFC 49883 ■ EIN 45-1636702 ■ NPI 1073651998

---

### Group Counseling Policies

Welcome to your group counseling at Compulsion Solutions. This document contains important information about my professional services and business policies. It also contains important information about your rights to privacy and confidentiality. When you sign this document, it will also represent an agreement between us that we can openly discuss at any point during our work together.

#### Counselor Qualifications

James Gallegos, a licensed Marriage and Family Therapist facilitate groups. He brings over 10 years of experience as not only a therapist but also as someone who too struggled with sexual compulsive behavior and was able to transform this behavior through our program at Compulsion Solutions. His style is hands-on, non-judgmental and practical.

#### Attendance and Commitment

Counseling, like many things, works if you put the work into it. Group counseling in particular requires a special commitment as others depend on your attendance, participation and overall presence. Group members are therefore expected to be present each week, arrive on time, and share their experiences. This is *your* group--be a part of it! Each member is expected to remain with the group until their treatment goals (established during assessment) have been achieved. Group members are expected to commit to at least four (4) sessions in advance.

#### Financial Policy

Group members are responsible for their bill. Sessions are paid monthly (4 sessions) in advance, due at the first session of each month. For your convenience, recurring payments are set up on PayPal allowing you the option to pay with either your PayPal account or personal credit card.

#### Appointment Scheduling

Because of the nature of group Counseling, it is very important that you make each session. In case of an emergency, please contact me in advance and I will do my best to work out a rescheduled appointment.

#### Confidentiality and Privacy

The ability of each group member to confide and trust in the group is extremely important. Group members are therefore expected to protect the names and identities of fellow group members. Contents of all counseling sessions disclosed and discussed are confidential and will not be shared with anyone without your written permission. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

The following are **legal exceptions** to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect:

- **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental

health professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

- **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

**Termination of Counseling**

The determination to stop counseling is generally a mutual and gradual decision that comes at an appropriate time, which is based on the work that has been accomplished. In the event that circumstances require a sudden decision to terminate, group members are expected to give the group a minimum of three (3) weeks notice prior to ending their group participation.

**Consent to Counseling**

Your signature below indicates that you have both read and understand this Agreement and agree to the terms.

---

Printed Name

---

Signature

---

Date