

**James Gallegos, MFT**

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**Informed Consent for Counseling Services**

Welcome to my counseling practice 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.

**Counseling Services**

Counseling is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. As a licensed Marriage and Family Therapist (MFT), you can expect me to help you in your recovery from the often-unpleasant feelings of shame, anxiety and associated difficulties resulting from your compulsive sexual behavior.

**The Process of *this* Counseling**

Recovery from compulsive sexual behavior will require a lot from you. Your commitment to your recovery and the consistency in which you practice your recovery plan are the key ingredients to effective counseling work and meeting your objectives.

- Counseling will bring up feelings, many difficult. It is important to attend sessions during these times
- Sessions generally involve learning and practicing recovery skills. Consider these actual “tools” that you will add to your tool chest.
- Practicing your recovery does not mean only during our sessions. At times you may want to contact me between sessions. These check-ins are welcome and I do not charge for them as long as we both keep them to an acceptable level
- If you are concerned or unhappy with what is happening (or not happening) in counseling, I hope you will talk with me so that I can best respond to your concerns. This is, after all, a collaboration.

**Appointments and Rescheduling**

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on. When you schedule an appointment, that time is reserved exclusively for you. If you need to cancel or reschedule an appointment, I ask that you provide me a minimum of 24 hours notice. If you miss a session without canceling or cancel with less than 24 hour notice, my policy is to charge you the session fee.

**Payments**

Depending upon the manner in which we meet, professional fees are expected to be paid at either the beginning or end of each session. If I am seeing you in person, payment can be collected anytime during our time together. For sessions via phone or computer, please take care of each payment prior to our meeting. Accepted forms of payments include PayPal, all credit cards, personal checks and cash.

**Insurance**

I do not take insurance directly and I do not belong to any health plan providers’ network. However, if your insurance plan allows you to work with out-of-network providers, I am happy to provide you with a Superbill that you can turn into your carrier for reimbursement. Reimbursed fees vary by plan.

**Confidentiality and Privacy**

You have the absolute right to the confidentiality of your counseling. 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**

Counseling at Compulsion Solutions is set up to teach you the tools to practice in your recovery...to the point where you no longer need to use my services. The timing of this depends on you and your needs and is a mutual and gradual process. In the event that circumstances require a sudden decision to terminate, I do ask that we agree to meet to have one last termination session. This will allow us to tie up any loose ends, assess the work, and discuss your future directions.

**Consent to Counseling**

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

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Printed Name

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Signature

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Date