

OpenDoor
Counseling and Assessment Services

CONTRACT FOR SEX OFFENDER TREATMENT PROGRAM

Sex offender counseling is a highly specialized treatment program for those who qualify. It is a privilege for those who take treatment of their sexual problems seriously and want to change their behavior. Below are the requirements that must be agreed upon in order to participate in this treatment program.

1. I must attend 4 sessions per month and pay for 4 sessions per month unless cancelled by my counselor.
2. I must pay for each session at the beginning of the session or in advance. If I am given special permission to carry a balance into the next month, a \$30 fee will be assessed.
3. On the rare occasion I miss a session for an emergency, I will call my counselor as soon as I know I will be unable to attend. I understand I am still responsible for payment.
4. I understand that my counselor, the probation department, the court system, polygraph examiners, and victim counselors work together in my treatment and all may communicate regarding my treatment and progress. (Confidentiality conditions agreed to in Release of Information will apply for pre-adjudicated individuals.)
5. I will be open and honest about my past and present sexual thoughts, fantasies and behavior with my counselor, group members, and probation officer.
6. I am committed to changing my unhealthy and deviant sexual behaviors as evidenced by the following behaviors:
 - a. No pornography- treatment definition
 - b. No deviant or unhealthy sexual behavior –treatment definition
 - c. Sexual contact and fantasies will be within the confines of an equal, honest, committed, consensual and appropriate relationship.
7. I will not use any illegal drugs or alcohol while in treatment.
8. I will bring a support person whom I have been completely honest with to a counseling session within the first 90 days of my treatment.
9. I will attend individual sessions as requested by my probation officer (if applicable), counselor, or myself.
10. I will keep appropriate boundaries with my counselor and group members.
11. I will not socialize or communicate with group members outside of the group room
12. I will complete all treatment assignments as instructed by my counselor.
13. I will come to group prepared to work (pen, folder, and notebook).
14. I will refrain from any direct or indirect contact with my victim unless approved by counselor as part of a reunification process.
15. I will participate in a relapse prevention support meeting just prior to my completing my treatment which will include an appropriate support team.
16. I will not access social networking sites.
17. I will take all polygraphs as directed by my counselor or probation officer (applicable). I understand that failure of two polygraphs may result in an unsuccessful discharge from treatment.
18. I will maintain treatment confidentiality at all times.

I understand if I violate any of the above requirements I will be at risk of being unsuccessfully discharged.

Client

Date

Counselor

Date