

# Julia Chan Psychotherapy

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## Informed Consent for Treatment

### Services

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, and anger. On the other hand, psychotherapy can often lead to benefits such as improved relationships and a better understanding and management of your emotions and behavior. There are no guarantees of what you will experience. I would like us to work collaboratively and evaluate together on an ongoing basis whether your treatment is helpful to achieve the goals that you set for yourself. In general, we will meet once a week for a 45-minute session (for individuals) or 60-minute session (for couples and families) on the same day and time we have agreed upon. If you need to contact me in between sessions, please do so only if it pertains to an urgent matter that cannot wait until the following session.

### Confidentiality

In general, the law protects the confidentiality of all client/therapist communications. I cannot disclose your Protected Health Information (PHI) to anyone without your prior consent, not even to a family member. However, there are some exceptions as required by the law. I am mandated to report situations of suspected child, dependent adult or elder abuse to the appropriate authorities immediately. If you have serious intentions to harm yourself, I would try my best to ensure your safety. Sometimes notifying a third party is required. If you are threatening serious bodily harm to another person, I am required to notify the police. In any of these scenarios, I always try to have an open and transparent conversation with you before any measure is taken. The goal is to ensure safety. If you are currently being treated by any other mental health professionals, I will ask for your permission at the beginning of our treatment to speak with the other provider(s) to coordinate treatment and care. If you are using insurance to pay for your treatment, you are giving me permission to disclose certain information pertaining to your treatment, including any diagnoses, to your insurance company for the billing purposes.

### Fees and Cancellation Policy

You will be expected to pay your fee or copayment for each session at the time it is held, by cash or checks only. If we have agreed on a fee lower than my standard fees of \$180 for individuals and \$240 for couples and families, the fee will be re-evaluated every January and July.

If you need to miss a session due to unusual circumstances and provide me with a 48-hour notice (more advanced notice is appreciated), you will not be charged a fee. However, if you cancel with less than 48-hour notice, and we cannot find an alternative time to meet that same week, you will be required to pay for the missed session. Please be aware that teletherapy is an option in the event you cannot come in due to illness, weather, travels, or other unexpected circumstances.

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## Fees and Cancellation Policy (continued)

In circumstances when you have to frequently miss therapy, whether it is due to illnesses, work, family, or other obligations, I will invite you to have a conversation on how therapy fits into the current context of your life. Sometimes it may make sense to resume therapy when your circumstances allow you to put in the time and energy that any successful therapy would require.

Thank you for the opportunity to work with you. Your signature below indicates that you have read and understood this document, and that a copy has been given to you.

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Print Name

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Signature

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Date