

Statement of Informed Consent

I, (*name of control*) _____ have agreed to undertake a personal psychoanalysis with (*name of candidate*) _____, a licensed (*specify discipline*) _____ in the Commonwealth of Massachusetts and an analyst- in-training at the Massachusetts Institute for Psychoanalysis, Inc (MIP). I am aware that my psychoanalysis is an essential part of (*candidate name*) _____'s psychoanalytic training.

The nature of psychoanalytic treatment and its use as a training tool has been discussed with me by (*name of candidate*) _____ and I have voluntarily chosen to pursue psychoanalysis. Our discussions have included the potential risks and benefits of psychoanalysis as well as alternative methods of treatment. I have had the opportunity to ask questions regarding these discussions and they have been answered to my satisfaction. I understand that the outcome of my analysis cannot be predicted or guaranteed by MIP. Neither is it possible to predict the results of not undertaking analysis and, instead, pursuing a different course of treatment.

At anytime during the analysis, now or in the future, I have the right to consult with a mental-health professional of my choosing. That person may or may not be affiliated with MIP.

I also have the right to withdraw from analysis at any time. It is strongly recommended that this decision be discussed in advance with (*name of candidate*) _____. I may also seek assistance in being referred to alternate treatment.

I am aware that (*name of candidate*) _____ will be discussing the analysis with a supervising psychoanalyst. Supervisors are graduates of approved analytic institutes. The written and oral data will be shared only in educational contexts. These will include classes and supervisory sessions. At no time will my name be revealed and all efforts will be made to protect my identity. I only agree to the use of information from my analysis for educational and training purposes.

It has also been explained to me that the confidentiality of my analysis, including records made by *(name of candidate)* _____ will be protected by *(name of candidate)* _____ as well as MIP to the fullest extent of the law.

I understand that in the event *(name of candidate)* _____ leaves MIP prior to completion of his/her training, I will be notified by *(name of candidate)* _____ or a representative of the institute.

Signed this ____ day of _____ 20 ____

Signature _____

Name (please print): _____

Address:

**Please send the completed form to
Massachusetts Institute for Psychoanalysis
1330 Beacon St.,
Suite 265
Brookline MA 02446**