

## Application for Treatment- Individualized Fee Matching Service

We will match you with a clinician who will be the best fit for you, clinically and financially.

### Contact Information

Name	
Date of Birth	
Street Address	
City, State, ZIP Code	
Preferred Phone Number	

### Availability and Fees

First, please complete and print this form. Mail it with a \$25.00 check made out to "Emory University Psychoanalytic Institute" to Amy Cromwell, Administrator, Emory University Psychoanalytic Institute, Tufts House, Suite 302, Ridgewood Drive, Atlanta, GA 30322. (For any questions about the forms, contact Dr. Bruce Rudisch, Chair of the Consultation and Treatment Service, at 404.237.4968.)

A Treatment Coordinator will call you to put you in touch with an available clinician. When will you be most likely to be available to take a call? \_\_\_\_\_ Day \_\_\_\_\_ Evening

The aim of this service is individualize fees for treatment, so that clinician members of the Atlanta Psychoanalysis group are able to provide psychoanalytically based treatments to people who need and want the treatment but cannot afford private practice fees. At any point in time, clinicians are working with individuals of limited means and providing them the most appropriate treatment, either psychotherapy or psychoanalysis, at a low to moderate cost. Our clinicians also provide both treatments at somewhat higher fees, individually adjusted to fit within most budgets. All of the low to moderate fee treatments and some of the moderate fee treatments are conducted by candidate analysts or psychotherapists at EUPI with supervision by Institute faculty.

Please consider giving us a chance to meet you. The clinician you meet first for two to five sessions will give you opportunities to ask questions and to cover many topics, including the finances you have available for treatment. He or she will help you to become comfortable with our approach. Hopefully, if you decide to go forward with treatment, he or she will be able to either offer you that opportunity right away or help you find a good match with another member of our group.

### Agreement and Signature

I have read (1) WHAT IS PSYCHOTHERAPY and WHAT IS PSYCHOANALYSIS; (2) PSYCHOANALYTIC TREATMENT THROUGH THE EMORY UNIVERSITY PSYCHOANALYTIC INSTITUTE: REDUCED FEE AGREEMENT CHECKLIST. I would like an opportunity to decide if psychoanalysis or psychoanalytic psychotherapy is a good option for me. I understand that this treatment is not appropriate for help in a life crisis, for help with addictions, or for psychiatric emergencies requiring hospitalization.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Our Policy

It is the policy of EUPI to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The information you write on this form will only be shared with professionals directly involved in arranging your treatment. Thank you for completing this application form and for your interest in psychoanalytically based treatments.