

**Emory University Psychoanalytic Institute  
Tufts House, Suite 302  
2004 Ridgewood Drive  
Atlanta, GA 30322  
404.727.5886 (fax) 404.727.0508**

**PATIENT INFORMED CONSENT FOR PSYCHOANALYSIS**

I have applied for a personal psychoanalysis with a candidate who is enrolled in a formal educational program in clinical psychoanalysis at the Emory University Psychoanalytic Institute and who has been approved by the Institute to conduct psychoanalysis under the supervision of a Supervising Analyst on the faculty of the Institute.

I understand that my analysis will be discussed with a supervisor on a regular basis for clinical and educational purposes. I consent to the written recording of treatment sessions with my analyst for that purpose. I understand that, in addition, those written recordings and reports about the analysis may be used in teaching, research, and certification. I agree to the use of those written materials for these stated purposes, with the understanding that my analyst and the Institute will exercise the utmost care in protecting the anonymity and confidentiality of those records, consistent with those purposes.

I understand that my participation in the analysis is voluntary and that I may choose to withdraw at any time by so informing my analyst.

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**