

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.
15 Commonwealth Avenue, Boston, MA 02116

MEMORANDUM

We are currently instituting an informed consent form for all patients undergoing an Institute analysis. We have developed this on the advice of our lawyers and other experts in the field for the purpose of protecting all concerned: the patients, the candidates, the supervisors, and the Institute.

Enclosed you will find a copy of the consent form. This must be discussed with the patient and signed before the start of each control analysis. This applies to all numbered cases, all of which are under Institute auspices. Unnumbered unsupervised cases are not considered to be under Institute auspices. It will be the responsibility of each candidate to obtain the form, discuss this with his or her control patient, have it signed, and send it to the Institute office where it will become part of the patient's permanent file. The patient should be offered a copy of the signed informed consent if he or she wishes. For clinical and legal reasons, this must be done before the commencement of the analysis. This does not apply to those patients already in analysis with candidates; we will not be asking them to sign and informed consent. Supervisors must make sure that this has been done before the analysis starts. If there are any questions, practical or clinical, about how to go about this, candidates should discuss them with their supervisors.

Consistent with our informed consent form, it will be necessary for the Institute to inform those control patients still in analysis with a candidate that the candidate has graduated, when this occurs. This will be done in a simple straightforward letter, a copy of which will be sent to the candidates. The letter will state that the candidate has graduated and the analysis is no longer under the auspices of the Institute.

While the use of the informed consent form will be required for all control cases, it is clearly up to each individual therapist what kind of informed consent form or discussion to use with other patients. It is the opinion of our consultant that a form need not be used; a standardized discussion is sufficient. However, it is highly recommended that each therapist inform him or herself of the principles of informed consent and that the issue be addressed. If this is done, then a record that such a discussion was held should be in the patient's record. This record should specify that the principles of informed consent were covered in the discussion. These principles are, in fact, incorporated into our form and they are to inform the patient about:

- Alternative options for treatment.
- Risks of no treatment.
- Risks and benefits of treatment.
- What can be expected in the course of treatment.

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Child and Adolescent Patient Informed Consent

I have applied, through the Boston Psychoanalytic Society and Institute, Inc. (BPSI), for a personal psychoanalysis with a candidate at the BPSI who will be a physician, psychologist, social worker or therapist and whose work with me will be part of his or her clinical psychoanalytic training. I understand that until my analyst graduates from psychoanalytic training a Supervising Psychoanalyst from BPSI will discuss my analysis regularly with my analyst for clinical and educational purposes.

I have been given a copy of the brochure of the BPSI describing the nature of my psychoanalytic treatment, and have had an opportunity to discuss psychoanalytic treatment and other types of treatment with a representative of the BPSI and have my questions answered. I have chosen psychoanalytic treatment in preference to other types of treatment.

I consent to written recording of treatment sessions by my analyst. I understand that in addition, reports about the treatment may be used for teaching, training, research and certification purposes. I agree to the use of those materials for the stated purposes and understand that the Institute will use its best efforts to maintain the anonymity of such records, consistent with these purposes.

I understand that my participation is voluntary and that I may withdraw at any time from the analysis by so informing my analyst; I understand that discussion of such a decision is strongly recommended. Although the ongoing clinical responsibility for the conduct of the analysis rests with my analyst, I understand the Education Committee of BPSI reserves the right of terminating or otherwise intervening in the analytic treatment if it believes serious clinical or educational factors so warrant.

I may seek consultation with the Education Committee at any time and may solicit assistance in being referred to alternate treatment. I understand that the BPSI and its clinical supervisors cannot guarantee any particular result or outcome from the analysis, nor can they predict the results of not undertaking a course of psychoanalytic treatment. I understand that in the course of analytic work there may be a worsening of symptoms and emotional stress may ensue, but the goal of the treatment is to foster emotional growth.

Signature of
Parent or Guardian _____

Date _____

Witness _____