STUDENT MANUAL

PSYCHOANALYTIC EDUCATION PROGRAM

2016-Current

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Neal Spira, MD, Dean
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Institute for Psychoanalysis
122 South Michigan Avenue
Chicago, Illinois  60603
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Guidelines for Evaluating Applications for Certification
Ethics Case Book of the American Psychoanalytic Association (2001)
INTRODUCTION

The faculty and administration of the Chicago Institute for Psychoanalysis welcome all new and returning candidates to the Institute.

We have prepared this manual as a reference for you to use during your training. Included are the policies and procedures of our program, which will help answer questions that may arise during the course of your studies. From time to time changes may be made in these policies and procedures, and at such times the alterations will be given to you for inclusion in this folder.

Please feel free to approach any member of the administration or faculty to ask questions about things that are unclear to you, or make suggestions about matters that need further clarification.

With all best wishes,

Erika Schmidt, MSW, President
Neal Spira, MD, Dean
Leo Weinstein, MD, Associate Dean

This edition of the manual was revised with the assistance of a dedicated group of candidates and faculty.
Candidate records are kept in locked files in the Institute’s administrative offices and maintained in conformity with applicable local, state and federal laws. These records are confidential. Only the Director, Dean, and faculty members directly involved with the candidate’s training have access to these records.

It is the policy of the Institute that faculty discussions about the educational and clinical progress of candidates and the documentation of committee discussions remain confidential and not available to the candidates. Summaries of committee discussions will be provided to the candidates by the chairs of the educational committees or their representatives.

Any person who becomes a candidate or continues as a candidate after the publication of this Student Manual thereby agrees with and accepts this policy of confidentiality for, and non-disclosure of, such parts of the candidate’s record.

Unless otherwise noted, all the information in this manual applies to candidates in both the Adult and Child and Adolescent Analysis Programs; exceptions and additions will typically refer to the C/A Program.
OVERVIEW OF THE PROGRAM

A psychoanalytic education requires exposure to four important and interdependent processes: a personal analysis, classroom study of theory and clinical practice, supervised clinical work, and the formal evaluation of the candidate’s progress. Psychoanalytic training begins when a candidate enters a personal analysis with a qualified training analyst, a waivered non-training analyst, or an analyst who meets these recommended criteria: a) The analyst has completed a "substantially equivalent" training program; b) The analyst has 5 years post-graduation experience; c) The analyst demonstrates commitment to the field, through participation in study groups, seminars, publications, etc; and d) The analyst abides by our code of ethics and has no ethical violations. It continues with the addition of theoretical and clinical course work, supervised clinical experience, and the formal evaluation process. The integration of these four components fosters candidates’ psychological understanding and sensitivity, and furthers mastery over the theory and technique of psychoanalysis.

PERSONAL ANALYSIS

The personal analysis is the foundation upon which psychoanalytic knowledge and understanding is built. It is conducted, at a frequency of at least four times a week, by an analyst approved by the Institute for this function. The objective of this analysis is to enable candidates to appreciate and understand their own unconscious, thereby facilitating the capacity to conduct useful therapeutic work.

Candidates must be in analysis during a significant period of supervised clinical work. Experiencing personal analysis while treating one’s first control cases is extremely important, as it allows the candidate to better understand and experience the full impact of the regressive pull of transference—both the candidate’s own and that of the control patients being seen.

If the candidate is in an analysis with a non-training analyst at the time of application, the candidate may formally request from the Institute a waiver to continue treatment with her or his current analyst. Candidates may also request to be in analysis with an analyst who meets the aforementioned criteria. This pathway is not a general appointment and must be reviewed and approved by the Institute.

The Chicago Institute for Psychoanalysis is a “non-reporting” institute. This means that at no point in a candidate’s training will his/her analyst be asked about the individual’s progress. The only requirement of a candidate’s analyst is that he/she let the Institute know when the candidate has terminated the analysis. Candidates must also let the Institute know when they have terminated their analyses.
THEORETICAL AND CLINICAL COURSES

The curricula of both the Adult Program and the Child and Adolescent Analysis Program provide candidates with a thorough familiarity with the major psychoanalytic theories of motivation, development and technique. The goal of classroom study is to facilitate lively, active and creative discussion among candidates and faculty about the history, practice and controversies within psychoanalysis, both in the past and currently. At the end of training, candidates should be knowledgeable about fundamental psychoanalytic ideas, be able to think about them critically, and to apply them in their own clinical work.

Institute courses are scheduled on Fridays in the fall, winter and spring quarters (starting in September, January and April).

The first quarter of the first year is planned to prepare candidates for beginning the analysis of a first case under supervision. Subsequent quarters are organized to help candidates develop a clinical and theoretical understanding of the stages of analysis as they progress through the training program.

The psychoanalytic education process is one of active engagement and participation. The Institute’s policy is that class attendance is required, and that a candidate with more than one unexcused absence will not receive credit for that class. Attendance is a necessary condition for the kind of participation that makes classes worthwhile. If candidates must miss a class, they should notify the Dean and the Instructor. In addition, completed course evaluations are required within two weeks of their receipt in order to receive course credit and CME and CEU credits.

Tuition must be paid by the end of the registration period, and all reports must be completed in a timely fashion in order to register for classes each year. When a candidate cannot meet these requirements to register for classes, the Education Council will be consulted. The Council will help determine whether and how it is possible to remediate the situation.

One leave of absence for one year may be granted if requested from the Dean. During a leave of absence, analytic cases must be continued, along with supervision and record keeping. Resumption of training is automatic after the leave of one year.

In exceptional cases, it may become necessary to ask a candidate to withdraw from training.

The Council recognizes that some candidates may run into situations where they are temporarily unable to continue to advance toward graduation. It is an institutional goal of the Chicago Institute for Psychoanalysis to assist candidates to overcome any difficulties so they may resume their progress.
THE PSYCHOANALYTIC EDUCATION CORE CURRICULUM

MISSION STATEMENT
The Core Psychoanalytic Curriculum is designed to help all candidates develop and consolidate a sound foundation in basic psychoanalytic concepts and clinical practice. The Institute recognizes that candidates come from diverse educational, clinical and experiential backgrounds and the Curriculum strives to respect the educational, clinical and cultural diversity of the candidates. The Institute also acknowledges and respects diverse views within psychoanalysis and psychoanalytic education. We believe that some basic concepts and clinical experiences are necessary for all candidates, while flexibility and choice can allow for in-depth immersion in specific areas of interest at a more advanced level of education. The candidates are encouraged to be active and responsible in planning their academic trajectories with guidance from the Faculty and the Dean of Education.

COURSE SUMMARY

The Curriculum has five primary types of courses. They are:

I. **FUNDAMENTALS YEAR COURSES:** These courses are taken in the first year and must be completed before advancing to Initial Required courses.

II. **INITIAL REQUIRED COURSES:** These courses must be taken by full-time candidates, preferably within the first two years, before they can progress to more advanced courses.

III. **REQUIRED COURSES:** These courses must be taken prior to graduation.

IV. **SELECTIVE SEQUENCES:** These are 2 (or 3) quarter course sequences that explore various areas of psychoanalytic theory and practice. They are offered (generally on a rotating basis) based on candidate/Faculty interest. This means that Faculty members may offer to teach a Selective Sequence or candidates may request a Selective Sequence.

V. **ELECTIVES:** 6 quarters of Electives are required. Any course taken and not used to fulfill the Initial Required, Required or Selective requirements may be used to fulfill the Elective Requirement. Possible Electives may be suggested by Faculty and candidates.
I. **Fundamentals Year Courses:** These courses are taken in the first year and must be completed before advancing to Initial Required courses

<table>
<thead>
<tr>
<th>Class</th>
<th># of Quarters</th>
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<tbody>
<tr>
<td>Critical Thinking</td>
<td>3</td>
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<tr>
<td>Case Conference*</td>
<td>3</td>
</tr>
<tr>
<td>Evolution of Psychoanalytic Thought*</td>
<td>3</td>
</tr>
<tr>
<td>Psychoanalytic Perspectives on Development</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Approach to the Patient</td>
<td>3</td>
</tr>
<tr>
<td>Fundamental Concepts in Psychoanalysis</td>
<td>3</td>
</tr>
</tbody>
</table>

*This course meets every week. All other courses meet every other week.

II. **Initial Required Courses:** These courses must be taken by full-time candidates, preferably within the first two years, before they can progress to more advanced courses.

<table>
<thead>
<tr>
<th>Class</th>
<th># of Quarters</th>
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<tbody>
<tr>
<td>Freud*</td>
<td>3</td>
</tr>
<tr>
<td>Technique I</td>
<td>3</td>
</tr>
<tr>
<td>2nd Year Case Conference*</td>
<td>3</td>
</tr>
<tr>
<td>Development: Infancy</td>
<td>1</td>
</tr>
<tr>
<td>Development: Mid-Childhood</td>
<td>1</td>
</tr>
<tr>
<td>Development: Adolescent-Young Adult</td>
<td>1</td>
</tr>
<tr>
<td>Principles of Child Psychoanalysis</td>
<td>3</td>
</tr>
<tr>
<td>Case Studies in Child Psychoanalysis</td>
<td>3</td>
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</tbody>
</table>

*This course meets every week. All other courses meet every other week.

II. **Required Courses:** These courses must be taken prior to graduation.

<table>
<thead>
<tr>
<th>Class</th>
<th># of Quarters</th>
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<tr>
<td>Dreams</td>
<td>3</td>
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<tr>
<td>Introduction to Ego Psychology</td>
<td>2</td>
</tr>
<tr>
<td>Introduction to Self Psychology</td>
<td>2</td>
</tr>
<tr>
<td>Introduction to Object Relations</td>
<td>2</td>
</tr>
<tr>
<td>Introduction to Relational Psychology</td>
<td>1</td>
</tr>
<tr>
<td>Introduction to Hierarchical Models</td>
<td>2</td>
</tr>
<tr>
<td>Introduction to Mind &amp; Brain</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Technique</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Case Conference</td>
<td>12</td>
</tr>
<tr>
<td>Termination</td>
<td>2</td>
</tr>
<tr>
<td>Ethics</td>
<td>1</td>
</tr>
<tr>
<td>Writing</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>1</td>
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</table>
In addition, Child Candidates are also required to complete:

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Child &amp; Adolescent Case Conf.</td>
<td>12</td>
</tr>
<tr>
<td>Child &amp; Adolescent Technique</td>
<td>3</td>
</tr>
</tbody>
</table>

III. **SELECTIVE SEQUENCES**: These are 2 (or 3) quarter course sequences that explore various areas of psychoanalytic theory and practice. They are offered (generally on a rotating basis) based on candidate/Faculty interest. This means that Faculty members may offer to teach a Selective Sequence or candidates may request a Selective Sequence. Students must enroll and complete the entire sequence during the same academic year.

Selective Sequences are distributed in three areas of study:

A. Theoretical (Psychoanalytic Points of View)
B. General
C. Clinical

In order to graduate a candidate must complete:

(3) Theoretical Selective Sequences  
(2) General Selective Sequences  
(2) Clinical Selective Sequences

The following are suggested Selective Sequences:

A. Psychoanalytic Points of View (3 required from at least 2 points of view)

<table>
<thead>
<tr>
<th>Course</th>
<th># of Quarters</th>
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<tbody>
<tr>
<td>Advanced Object Relations</td>
<td>2</td>
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<tr>
<td>Advanced Self Psychology</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Ego Psychology</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Hierarchical Models</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Relational Psychology</td>
<td>2</td>
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</table>

B. General Selective Sequences (2 Sequences required)

<table>
<thead>
<tr>
<th>Course</th>
<th># of Quarters</th>
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</thead>
<tbody>
<tr>
<td>Advanced Mind &amp; Brain</td>
<td>2</td>
</tr>
<tr>
<td>French Psychoanalysis</td>
<td>2</td>
</tr>
<tr>
<td>Journal Club—Critique</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Case Writing</td>
<td>2</td>
</tr>
<tr>
<td>Qualitative Research Methods</td>
<td>2</td>
</tr>
<tr>
<td>Writing for Publication</td>
<td>1</td>
</tr>
</tbody>
</table>
C. Clinical Selective Sequences (2 Sequences required)

<table>
<thead>
<tr>
<th># of Quarters</th>
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</thead>
<tbody>
<tr>
<td>Child &amp; Adolescent Case Conf.</td>
</tr>
<tr>
<td>Difficult Cases—Failed Cases</td>
</tr>
<tr>
<td>Failed Cases</td>
</tr>
</tbody>
</table>

A candidate may use a particular course to fulfill the Elective Requirement or the Selective Requirement, but not both.

IV. **ELECTIVES**: 6 quarters of Electives are required. Any course taken and not used to fulfill the Initial Required, Required or Selective requirements may be used to fulfill the Elective Requirement. Possible Electives may be suggested by Faculty and candidates.

For Child Candidates: 3 quarters of Electives in Child Analysis are required. These can count toward the 6 quarters required of all candidates.

A candidate may use a particular course to fulfill the Elective Requirement or the Selective Requirement, but not both.

*Courses that are held in a 2-3 quarter sequence must be completed during the same academic year in order to fulfill the course requirement.*

**SCHEDULE OF CLASSES**
The academic year, which consists of three quarters (Fall, Winter, Spring), begins in September and runs through middle/late June. All classes are taught on Fridays at the Institute at the following times (CST):

- 8:30am – 9:45am
- 10:00am – 11:15am
- 11:30am – 12:45pm
- LUNCH BREAK
- 1:45pm – 3:00pm
- 3:15pm – 4:30pm

**ATTENDANCE POLICY**
The Institute’s policy is that class attendance is required, and that a candidate with more than one unexcused absence will not receive credit for that class. Attendance is a necessary condition for the kind of participation that makes classes worthwhile. If candidates must miss a class, they should notify the Dean and the Instructor. In addition, completed course evaluations are required within two weeks of their receipt in order to receive course credit and CME and CEU credits.
**CHILD & ADOLESCENT CANDIDATES**

All Child and Adolescent candidates and all Adult candidates analyzing children and adolescents are required to attend the Child and Adolescent Case Conference. C/A candidates must attend for a minimum of four years during which the candidate is analyzing children and adolescents. C/A candidates are strongly encouraged to continue in the CACC beyond the four year minimum for as long as the candidate is analyzing children and adolescents. Adult candidates continue in this conference as long as the candidate is analyzing a child or adolescent.

Three additional one-quarter courses are required in the Child and Adolescent curriculum for C/A candidates and Adult candidates who are analyzing a child or adolescent. These courses are open as electives to all Adult candidates, with the consent of the instructor:
- Working with Parents
- Play and Dream Analysis with Children and Adolescents
- Transference/Countertransference with Children, Adolescents and their Parents

One-quarter Special Topics courses (that vary over time) are also offered. Three of these courses are required for C/A candidates. Special Topics courses also satisfy the elective requirements for C/A candidates and are open to Adult candidates as electives. Recently offered courses were:
- Parent Loss
- Nuts and Bolts of Child Analysis
- Clinical Writing in Child and Adolescent Analysis

**CLINICAL EXPERIENCE**

The clinical experience presupposes knowledge and experience in areas of diagnosis, psychopathology, psychodynamics, developmental theory, psychoanalytic history and patient experience. To foster development of clinical skills, the curriculum is designed to integrate theoretical course work with the direct practice of psychoanalysis. Candidates are encouraged to begin analyzing their first case (called first “control” case) after the conclusion of the introductory quarter of basic concepts, theory of technique, and seminar demonstrations that focus on the initial phase of analysis.

With the first supervisor’s consent, a second supervised control case may be taken into analysis two to three months after the initiation of the first. These cases may possibly come from the Psychoanalytic Clinic but will most likely develop out of a candidate’s own clinical practice.

The Psychoanalytic Clinic offers reduced-fee psychoanalytic treatment to individuals who are potential control cases. Candidates may take one or more of these
individuals as any of the required control cases. To request a case from the Psychoanalytic Clinic, contact the chair of the Psychoanalytic Clinic Committee.

All candidates are required to have a current copy of their professional liability insurance and professional license on file in the Administrative Office throughout the course of their training.

**Clinical Requirements—Adult Analysis Program**

Adult candidates must analyze a minimum of three control cases, either three adults or two adults and one child or adolescent. Both genders must be represented. Each case must be seen four to five times weekly, treated for at least 200 hours, and show evidence of psychoanalytic process. One adult case must be supervised through to an acceptable analytic termination or must show evidence after five years that a well-conducted analysis has taken place and will eventuate in a planned termination (the Five-Year Waiver).

Candidates in the Adult Program who do not choose to become C/A analysts but wish to take a child or adolescent as one of their control cases, may do so with the approval of the C/A Analysis Committee. The candidate must have a C/A supervisor for the case.

In special circumstances, a case beginning in adolescence and either terminating or meeting the Five-Year Waiver will satisfy the requirements as a terminated case for both the Adult and C/A programs.

**Clinical Requirements—Child and Adolescent Analysis Program**

C/A candidates are required to analyze three child and/or adolescent cases—two must be children of latency age or younger and one adolescent; both genders must be represented. Each case is to be seen four to five times weekly, treated for at least 200 hours, and show evidence of psychoanalytic process. At least one case must be supervised through to an acceptable analytic termination.

Under limited circumstances, graduation requirements can be satisfied with evidence, after five years, that a well-conducted analysis is taking place and is in at least a well-established middle phase that will eventuate in a planned termination. In the case of the Five Year Waiver, the candidate agrees to continue in supervision and to return and present the case to the Child and Adolescent Case Conference when termination takes place.

When candidates are enrolled in both the Adult and C/A programs and complete both programs at the same time, treating two adult cases and three child cases satisfies the graduation requirements for both programs. At least one child or adolescent case and one adult case must be treated through to an acceptable analytic termination under supervision. Alternatively, one adult case and one child case
must show evidence after five years that a well-conducted analysis is taking place and will eventuate in a planned termination.

When candidates begin C/A training after graduation in the Adult program, the usual requirement of three adult cases and three child cases applies.

**SUPERVISION**

Candidates may select their own case supervisors. A list of supervisors is available from the Dean and from the Chair of the Child and Adolescent Analysis Committee. A supervisor must be contacted in order to discuss suitability for analysis for a potential new control case before the analysis begins. The supervisor may wish to meet with a candidate more than once to determine analyzability before the case begins.

Supervision of the first two adult cases begins at a frequency of one hour per week, decreasing to less frequent consultation as the candidate’s ability to work independently increases. Additional required adult cases may need less frequent supervision. A minimum of 175 hours of supervision is required for graduation, with at least 50 hours on each case.

In special instances, for example out-of-town students, cases may be supervised for two hours every two weeks. The weekly frequency may be reduced at the discretion of the supervisor after the first year, depending upon the quality of the candidate’s work and learning needs.

The supervision of all additional cases, including the third control case and any other cases, must be at a frequency of once every other week for the first year. As in the first and second control cases, the frequency may be reduced at the discretion of the supervisor after the first year. Supervision of each control case must remain at a minimum of once monthly until graduation. For out-of-town students, during the summer or other breaks in the training program, supervision may be done over the phone or via video.

Candidates in the C/A Program need a minimum of 150 hours of supervision of child and adolescent analyses in order to graduate. During the first year of analysis with the first child or adolescent case, supervision is on a weekly basis. After the first year, frequency of supervision is worked out between the candidate and the supervisor. Second and third cases and extra cases can begin supervision on an every other week basis.

Supervisors are required to submit two supervisory reports each year, in April and October, on every case they supervise. Prior to submission of a report, candidates and supervisors will devote one supervisory hour to a discussion of the candidate’s work. The candidate must sign off on the supervisory report before it goes into his/her file.
Students and supervisors should discuss the students’ readiness for the assignment of subsequent cases and a request for progression.

If the supervisor and candidate are not a good fit, the candidate may find another supervisor.

Beginning Fall 2015, newly admitted candidates will make private payment arrangements with their supervisors.

**Record-Keeping Requirements**
Candidates are responsible for submitting certain documents to the Administrative office which, in turn, maintains all clinical records on cases seen in analysis by candidates. The Administrative Office maintains and restricts access to these records in accordance with HIPAA-compliant and Institute protocols. All case openings, closings, interruptions, and transfers must be reported to the Administrative Office in a timely manner. Candidates will not receive credit for treatment hours until a case is opened. All analysands must sign the following forms which should then be kept in the candidate’s office files as part of the patient’s treatment record (copies in Appendix):

1) Patient Information I  
2) Patient Information II  
3) Consent for Release of Medical Responsibility  
4) Receipt of Notice of Privacy Practices  
5) Consent for Evaluation and Treatment  
6) Consent for Release of Confidential Information of a Minor

All required documents will become part of the patient’s medical record and are subject to the Illinois Mental Health and Developmental Disabilities Confidentiality Act. This act protects the confidentiality of all records and communications of patients receiving services through the Institute for Psychoanalysis Clinic.

Treatment and supervisory hours are to be reported for all cases seen throughout the course of training and submitted quarterly. Report forms to document these hours are available online (copy in Appendix).

**Clinical Case Reports**
The following reports are required for each case in treatment and should be submitted to the Administrative Office for inclusion in the candidate’s academic record:

1) An initial six-month report on each case. Individual supervisors may have their own additional requirements, such as a diagnostic or formulation earlier in the case.
2) Thereafter, an annual report, due October 1st. If the six-month report is submitted after April 1st, an annual report is not necessary on October 1st of the same year (unless required by the supervisor).

3) Termination or interruption reports to be submitted within three months of closing the case

All clinical case reports must be seen, read, discussed, and signed by the supervisor before submission. Reports should include (a) the interval of time elapsed since the prior report, and (b) the number and frequency of both treatment and supervisory sessions since the prior report. The annual report should describe major movements in the analysis during the prior year. These reports are useful in writing the in extenso case report, one of the graduation requirements.

An interruption report, which describes the reason for interruption, should be made in lieu of a regular progress report if the case is not carried through to a successful analytic termination.

For direction and guidance about format and content of write-ups, please see the “Written Reports” section.

Candidates should retain copies for their own records of every form, write-up and supervisory report.

CASE CLOSINGS
All cases that are interrupted or terminated must be documented and reported to the Administrative Office. Cases that are transferred must also be documented. Cases are considered transferred when one of the following circumstances occurs:

- The case is converted to psychotherapy and the candidate continues to treat the patient.
- The candidate has graduated and continues to see the patient for psychoanalysis.

A record of the number of treatment hours will be included as part of the patient’s medical record and maintained in the Administrative Office for a minimum of seven years following the end of treatment.
**PROGRESSION PROCESS**

Up to this point—with two control cases in analysis—candidates have been interacting only with their supervisors and the Dean’s office. From this point forward candidates will need to engage in the committee review process to be given permission to acquire more cases. A minimum of three reviews of each candidate’s work are conducted by the Progression Committee during training and before advancing to: (1) Extra Cases, (2) Advanced Standing/Third Control Case, and (3) Graduation.

**EXTRA CASES**

In order to begin a third case, a candidate must be reviewed by the Progression Committee, which will meet with both of the candidate’s current supervisors, read all write-ups done up to that date, discuss the candidate’s progress, and determine his/her readiness to begin a third case. Readiness involves an absence of significant learning problems in the first two cases; all write-ups must also be up to date. Typically, this review happens in the third year. The Committee will inform the candidate of its decision. This usually takes the form of a brief meeting with the Chair of the Progression Committee.

Extra, non-control cases (sometimes referred to as “private cases”) are not required as part of clinical training but provide an opportunity for increased experience; they are obtained through the candidate’s own referral sources. Even though extra cases are non-control cases, they still must be registered with the Clinic before psychoanalytic treatment begins. The reporting requirements for extra cases are the same as for control cases, that is, candidates must report hours and write case reports. Candidates arrange for private supervision, and supervisors must submit reports every six months.

For those admitted prior to 2015, a candidate’s allotted 200/225 hours of supervision do not cover extra (unnumbered) cases. In these instances, the candidate and supervisor will come to an agreement as to the fee for supervision. However, once the extra case becomes an official control case, the candidate no longer pays for private supervision, and both parties will return to the standard supervisory arrangement.

**ADVANCED STANDING/THIRD CONTROL CASE**

Candidates wishing to apply for advanced standing must have successfully passed the first colloquium. Prior to formally requesting progression, however, they should discuss their readiness with their supervisors. Criteria for readiness include:

1) Experience with a developing transference neurosis or comparable engagement of relevant issues in the analytic relationship
2) Increasing skill in diagnostic and therapeutic interpretations
3) Beginning capacity to analyze independently
4) Good capacity for self-analysis
5) Demonstrated understanding of the analytic process
6) A good analytic learning experience on the first and second cases; this means a continuing analytic situation for a minimum of 200 hours with a patient who has not required unusual parameters
7) Ability to correlate clinical behavior with theoretical concepts
8) Ensuring that all written reports and financial obligations are up to date

If progression is appropriate, the candidate should write to the Chair of the Progression Committee formalizing the request.

The Progression Committee will review the candidate’s clinical and conceptual progress on the first, second and extra cases (if applicable) before coming to a decision. If advanced standing is granted (recommended by the Committee and approved by the Council), the candidate is eligible to begin a numbered third control case. Occasionally candidates will be asked to complete additional requirements, such as remedial work of some type, before advanced standing is granted.

Once candidates have progressed to advanced standing, they may apply to the Progression Committee to have an extra case converted to a third control. Such an extra case (a) must have been registered with the Clinic, (b) supervised on at least a once per two weeks basis for one year, and (c) continue under supervision on at least a monthly basis thereafter.

**UNNUMBERED CASES**
On occasion, when the committee determines that progression is not yet warranted but that the candidate shows promise, a new control case will be approved. This is called an unnumbered control case. Such cases will be supervised once a week for the first year and then reviewed at that point. If satisfactory progress is shown by the candidate, advanced standing will be recommended.

**FOURTH CONTROL CASE**
Approximately one year after the assignment of the third case there will be a general review of the candidate’s work. At that juncture, the Progression Committee will decide whether or not a fourth case needs to be assigned. If this is deemed necessary, there must be a satisfactory review of progress on the fourth case prior to applying for graduation.
PRESENTATION OF CASES
Throughout the program, candidates will be required to present their ongoing cases. Presentations to the case conferences are arranged by the instructors with candidates in their own classes.

Prior to graduation, candidates must present a terminated case to the fourth year termination seminar. As an alternative, they may present a case to the termination seminar if the case is in the latter part of the fifth year and progressing productively (Five-Year Waiver).

FIVE-YEAR WAIVER (ADULT PROGRAM)
Candidates may apply for graduation following five years of continuous psychoanalysis with a supervised control case which has not terminated, if the following criteria are met:

1) The candidate can articulate a psychoanalytic process emphasizing:
   a. Issues of separation, i.e. childhood antecedents and the manner in which they imbricate the evolving analytic relationship in a way that is both timeless and deepening.
   b. Factors contributing to prolonged middle-phase analysis, e.g. the depth of regression, the role of enactment, and unique transference-countertransference configurations contributing to extended working through periods.
   c. Potential benefits or problems likely to arise in the future course of the analytic work. This encompasses, but is not confined to, the analytic couple’s jointly held goals/expectations for ending analysis and the shape this termination might assume.

2) The above formulation will be discussed in the termination seminar and attached as a separate addendum to the in extenso report. Additionally, the candidate will discuss this in person with the Progression Committee prior to graduation.

3) The candidate’s supervisor is in agreement that the case is progressing through an analytic process.

It is recommended that the graduate continue supervision and eventually present the actual course of events to either the termination or follow-up seminar, thus generating important data regarding our predictive validity.
WAIVER OF TERMINATION REQUIREMENT (C/A PROGRAM)

1) Patient in analysis at least five years.
2) Patient in a psychoanalytic process and at least in well established middle phase with evidence that a well conducted analysis is taking place that is likely to eventuate in a planned termination.
3) Candidate demonstrates capacity to function independently and competence to conduct C/A analysis, including work with parents.
4) Supervision through termination is expected after graduation.
5) Candidate agrees to return and present case at termination to the CACC.

COLLOQUIA

The Evaluation of Learning Committee (EOLC) was established to facilitate candidates' integration of clinical theory and practice and to identify strengths and weaknesses in both teaching and the candidates' learning. While the committee understands that candidates are likely to experience anxiety around any process that has an evaluative component, the aim is to establish a process in which Faculty and candidates collaborate to encourage development.

FIRST COLLOQUIUM

It is strongly suggested that candidates take the first colloquium during the third year of training. They must submit at least one and preferably two current case reports of their control cases. Write-ups should be approved by the supervisor prior to submission to the EOLC and should be no longer than 20 double-spaced pages each.

Upon receipt of these case reports, the EOLC will assign two faculty members to read the reports and formulate questions or topic areas that expand from specifics of the clinical material to broader areas of clinical theory. The questions will vary depending on the cases, but a common feature of most colloquia will be to assess a candidate’s capacity to apply more than one model to the material.

The EOLC expects and understands that most candidates will have a natural affinity for a specific clinical model, but the committee wants to encourage them to try the thought experiment of "practicing" with other models. Obviously, the committee limits its expectations of a student’s mastery to coursework that has been completed at the time of the colloquium. Candidates will be given their list of questions and will have a minimum of several weeks to prepare. Candidates may consult notes, supervisors, teachers or other resources they find helpful, and may bring notes to the colloquium.
The colloquium itself usually lasts 90 minutes. The hope is that the atmosphere will be friendly enough so that anxiety can be alleviated and a lively dialogue can occur. On completion of the colloquium, the faculty members of the Colloquium Committee will write a 2-3 page report and discuss their observations with the EOLC. This easily may be a matter of weeks. Feedback will then be arranged for the candidate. On occasion, the EOLC may recommend a second meeting to encourage and then evaluate further learning about specific theoretical issues.

Successful completion of the first colloquium is a prerequisite for progression to advanced standing.

**SECOND COLLOQUIUM**
Candidates are required to take the second colloquium before or during the sixth year of training. They must submit two up-to-date case reports integrating the entire period of the analysis on control cases of their choice. It is not sufficient to submit separate yearly reports plus a recent update. The committee requires two 20-page (maximum) reports covering the length of each analysis to date.

All other recommendations and procedures are as listed above for the first colloquium, though the range of questions will be greater and the standards higher, as it is expected that the candidate has now integrated several years of didactic courses rather than only two.

Again, the EOLC may on occasion recommend a second meeting to facilitate a candidate’s immersion in and mastery of areas of clinical theory that may need strengthening. Successful completion of the second colloquium is a prerequisite for graduation.

**IN EXTENSO CASE REPORT**
To qualify for graduation the candidate must submit an in extenso case report, choosing one of his/her three cases, preferably (but not necessarily) a terminated case. When preparing the report, the candidate will work with a faculty member of his/her choice, whose name must be communicated to the Progression Committee. The candidate and faculty member will work together until a report is produced that meets the standards of the Certification Examination Committee of the American Psychoanalytic Association. The faculty member will decide when the report is acceptable and communicate his/her approval to the Progression Committee.
**Requirements for Graduation**

Candidates must complete the following prerequisites (three months in advance of the expected graduation date) to qualify for graduation:

1) Analyze one case through to a good analytic termination and present that case to the termination seminar or present a case under the Five-Year Waiver.

2) Demonstrate ability to use their analytic skill with increasing independence of the supervisor.

3) Achieve competence in analyzing a transference neurosis or comparable transference configuration.

4) Exhibit no evidence of personal pathology which interferes with analytic education.

5) Satisfactorily complete the psychoanalytic curriculum and elective course requirements.

6) Successfully complete the second colloquium.

7) Submit an in extenso case report.

8) Complete the required number of hours of supervision (175 in the Adult program, 150 in the C/A Program) on three cases, each of which shall have been analyzed for at least 200 hours; this activity must be considered by the Progression Committee to have been an analytic learning experience.

9) Pay all outstanding tuition.

10) Submit all case reports to the supervisor(s) and the Clinic.

If all requirements have been met and approved by the Dean, Progression Committee and Psychoanalytic Education Council, graduation may take place at any time during the academic year.
WRITTEN REPORTS

The Institute believes that the writing of thoughtful and clear summaries of clinical cases is an important part of a candidate's psychoanalytic education. Writing helps organize theoretical and clinical understanding of a case and in the process clarifies assumptions about the analytic process. Aspects of a candidate's experience with a patient which are sensed but not yet fully articulated are better understood through the concrete act of writing.

Clinical writing also allows others to know how a candidate thinks. The summary is a document of his/her approach, assumptions, and knowledge and will be read by supervisors, colloquium leaders, and members of the Progression Committee. Ultimately it provides the basis for certification reports.

SIX-MONTH REPORT
This report should include such issues as identifying data, developmental history, analyzability, diagnosis, psychodynamic formulation, information about conversion if the patient was converted from psychotherapy, medications if any, beginning phase of analysis, and so on.

FIRST ANNUAL REPORT
In the earliest phases of analysis, formulations are tentative. It is not expected that candidates will have a thorough understanding of dynamics, nor is it important or useful to try to shoehorn data into theoretical formulations. It is more important to describe the fundamental data from which formulations can be derived.

A common problem for writers is determining what is important to document. A candidate will not have a deep understanding of his/her patients at this point in treatment, but will certainly have repeatedly observed things that suggest characteristic defenses and resistances, and early evidence of a therapeutic alliance or transferences.

It is important to provide an understanding of the material, but this should be done when supporting evidence has been presented. Some writers may choose to render a conceptual perspective of the process before supporting evidence is given. Others may go from the specific to the general. Either way, it is important for the candidate to know his/her thoughts and supporting evidence. How one balances description of understanding with more basic data is less easy to specify.

For the most part, the here-and-now process informs both patient and analyst. Similarly, process description of the characteristic behavior and interaction(s) of the patient and analyst is most valuable to the reader. However, process, as opposed to
content material, is more difficult to describe. Copying one’s process notes verbatim requires little thought and should be avoided. Quotes from the patient and analyst serve to provide a true flavor of the unique qualities and perspective of the analysis. But overuse of dialogue does not give a true picture of the progress of the analysis just as too little dialogue leaves the reader wondering if the candidate is truly engaged in an analytic experience. Imaginative writing is required to describe analytic ambiance, how something is said, the patient's position on the couch, or facial expression upon entering or leaving. Such writing will add color and authenticity to the report.

Another important topic to write about is affective intensity—both the candidate’s and the patient’s. Moments of intense feelings often allow for an excellent view of the central dynamics and demonstrate the presence of analytic process. When the analytic contexts preceding and succeeding the charged analytic process are described, the writer presents a clearer picture of the patient's characteristic resistance, characterologic defenses, and methods of adaptation before and after disorganizing affective experience. Analytic process which is affectively charged tends to be of high information value. It certainly is for the analyst and will be so for the reader when effectively described.

The assumption is that the candidate’s reactions to the patient are an important source of information. This is also true for the reader. It is very difficult to understand the delicate and complex interaction between analyst and patient without reporting one’s own feelings and behavior during the analysis. Furthermore, specific reactions are expected for certain patient characterologies and/or at certain points in the analysis. The knowledge that the candidate is having certain feelings, familiar to most analysts' experience, gives readers confidence that they and the candidate are both getting inside the process.

Reporting a dream and one’s method of working with it allows the reader another opportunity to see how the candidate works as an analyst.

The vicissitudes of supervision have an important influence on a candidate’s approach to the patient and how the analysis progresses. Because a supervisor has contributed to, or perhaps interfered with, the understanding of the patient, it is important to describe something of the supervisory interaction.

**Subsequent Annual Reports**

The identifying fingerprints of both the patient’s psychology and the analytic process can be found on almost every page of a candidate’s notes. The amount of data available to choose from often seems to be overwhelmingly vast. The feeling that the sheer volume of material is unmanageable becomes heightened when writing about the middle phase.
In the middle phase, unconscious material and affects become more accessible. As the process opens, analytic moments become more poignant and the analyst's experience of a stepped-up affective process can render the material too unwieldy for precise description. The material of a true analytic regression in which the patient's and analyst's affects and unconscious are both more engaged is not ideally suited for the linear descriptive form of writing. Capturing these moments requires more creative and self-revelatory writing. Simply describing what is said will not be sufficient.

A written description of the analysis that intrinsically incorporates the writer's affects and unconscious is a fitting form for middle-phase description. Metaphor, one such imaginative writing form, draws on the writer's unconscious. It functions in part as the writer's association to material. Metaphor and reporting reactions to the deepening analytic process "free up" the writing, bringing it more in line with the loosening of controls seen in middle-phase process.

The deepening and heightened intensity in middle-phase process is difficult to describe, but the information gained from the more developed analytic process allows the candidate to better understand and elaborate on the earlier material. The candidate will be in a better position to describe the development of the transference, the patient's ability to work analytically, and the effectiveness of interventions with the patient. The candidate will also be able to describe any changes in the patient's affective life or behavior as they relate to those interventions.

**TERMINATION**
Description of this phase has an inherent organization due to the reaction to impending separation. Themes identified throughout the analysis are further clarified, and new material may come to light. In either case, the stimulus of termination acts to flesh out and highlight certain data. This makes the task of description somewhat easier. As well, by the time termination occurs, the candidate has hopefully developed methods for describing process.

**SUMMARY COMMENTS**
A candidate's writing will be more inviting to the reader if it is visually clear. All reports should be double-spaced with an easily legible font size. Try to avoid long paragraphs and sentences; otherwise, don't be overly concerned with rules of writing.

Avoid getting bogged down in process notes. Try to write an initial draft primarily from memory. Use material from process notes to demonstrate the central themes of the analysis. Rewriting is always suggested; trying to make the first draft perfect is unnecessary and usually counter-productive.
It is expected that candidates will demonstrate a wide range of clinical writing abilities. However, one’s skill can be improved when the writer knows that his/her writing is important and will be taken seriously by colleagues and teachers. Clinical writing is a challenging task that provides an excellent opportunity for learning. Although it may initially seem to be a daunting training requirement, it is hoped that candidates can experience the pleasure of creative expression and discovery that clinical writing affords.

**Tuition Payment Policy**

- Tuition must be paid in full by the end of the registration period, which is posted online each quarter in the Training Portal.
  - Students who cannot meet this requirement must contact the Business Office to obtain approval for a payment plan.

- If all tuition is not paid, or other approved financial arrangements are not in place prior to the start of the quarter, a student may not attend classes or receive supervision (if supervision was included in tuition), and a late payment penalty will be assessed.

- All tuition and fees due for a quarter must be paid in full by the end of that quarter.

As part of its efforts to promote the graduation of its candidates, the Institute maintains a scholarship fund. Limited assistance is available for students who can demonstrate need. Candidates who believe they qualify for these resources should contact the Dean. All communication will be kept in the strictest confidence.

Three sources of grants are available for Child Analysis candidates doing low-fee child/adolescent analysis:
- The Association for Child Psychoanalysis
- The Harold Balikov Fund, Institute for Psychoanalysis
- The Anna Freud Foundation
APPENDIX
AGREEMENT TO RETAIN REQUIRED PATIENT RELEASE FORMS

I, ______________________________ (Candidate’s Name) acknowledge that I have obtained the signature of my patient, ______________________________ on all of the release forms required as part of my training at the Chicago Institute for Psychoanalysis.

I agree that I will keep these forms in my office files as part of my patient’s treatment record, will update them yearly, and will notify the Chicago Institute for Psychoanalysis’ administrator of any changes in my patient’s status.

If a legal necessity arises requiring me to provide copies of these records to the Chicago Institute for Psychoanalysis, I will do so promptly.

Candidate’s printed name: ______________________________

Candidate’s signature: ______________________________

Date of signature: ______________________________

One copy to Candidate’s Progression file, one copy to Candidate.
INSTITUTE FOR PSYCHOANALYSIS

122 South Michigan Ave.
Chicago, IL  60603
(312) 922-7474

Patient (Adult) Information Form I

Today’s Date _____/_____/_____

Candidate Name ______________________________________________________

Patient Name ___________________________________________ Gender ________

Address_______________________________________________________________

City _________________________________ State _________ ZIP ____________

Phones:      Home:  (   ) ________________

Work:       (   ) ________________

Cell:       (   ) ________________

Date of Birth _____/_____/_____  

Occupation __________________________________________________________

Marital Status ______________________________________________________

Date Consent Forms Signed _____/_____/_____  

REMIT TO INSTITUTE
INSTITUTE FOR PSYCHOANALYSIS

122 South Michigan Ave.
Chicago, IL  60603
(312) 922-7474

Patient (Child) Information Form I

Today’s Date _____/_____/_____

Candidate Name ______________________________________________________

Patient Name ______________________________________________________ Gender_____

Parents Name ______________________________________________________

Address_____________________________________________________________

City _________________________________ State _________ ZIP ____________

Phones:    Home:   (    ) _____________
          Work:   (    ) ______________
          Cell:   (    ) ______________

Child’s Date of Birth _____/_____/_____

Parents Occupation___________________________________________________

Parents Marital Status_______________________________________________

Date Consent Forms Signed _____/_____/_____

REMIT TO INSTITUTE
Candidate ___________________ Faculty Consultant ______________

Patient ________________________________

Case Number _______  Patient Fee __________

Date of First Diagnostic Interview _____/_____/_____

Date of First Psychoanalytic Session _____/_____/_____

Diagnosis:

<table>
<thead>
<tr>
<th>DSM IV Name</th>
<th>Diagnostic Code</th>
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<tbody>
<tr>
<td>Axis 1</td>
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<tr>
<td>Axis II</td>
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</table>

DSM IV Global Assessment of Functioning Rating (1-100) __________ (Current)

Treatment History:

Previous Mental Treatment: Yes ( ) No ( )

If Yes, name of therapist, agency, etc: ______________________________

Dates of treatment: _____/_____/_____ TO _____/_____/_____

Release of Information signed by patient: Yes ( ) No ( )

Was information received? Yes ( ) No ( )

If Yes, date received _____/_____/_____

REMIT TO INSTITUTE
INSTITUTE FOR PSYCHOANALYSIS

122 South Michigan Ave.
Chicago, IL  60603
(312) 922-7474

Consent for Release of Medical Responsibility

I, _____________________________________________________,
(Name of Patient or Participant)

hereby release the Institute for Psychoanalysis from any responsibility for my
physical health at such time as I am evaluated for analytic treatment
through the Institute Clinic and while awaiting assignment to an analyst.
Factors regarding my physical health that arise during my evaluation or the
course of my analysis are not the responsibility of the Institute for Psycho-
analysis.

Executed this ________ day of ____________________________, 20______.

__________________________________
(Signature of Patient or Participant)

__________________________________
(Signature of Witness)

REMIT TO INSTITUTE
Consent for Release of Medical Responsibility of a Minor

I, _________________________________________________, parent or guardian of
(Name of Parent or Guardian)

I, _________________________________________________, parent or guardian of
(Name of Parent or Guardian)

______________________________________________
(Name of Child)

hereby release the Institute for Psychoanalysis from any responsibility for my (our) child/ward’s physical health at such time as my (our) child/ward is evaluated and seen for treatment through the Institute. Factors regarding my (our) child’s/ward’s physical health that arise during his/her evaluation or the course of his/her treatment are not the responsibility of the Institute for Psychoanalysis.

Executed this ________ day of ________________, 20______.

______________________________________________
(Signature of Parent, Guardian or Authorized Representative)

______________________________________________
(Signature of Parent, Guardian or Authorized Representative)

______________________________________________
(Signature of Witness)

REMIT TO INSTITUTE
INSTITUTE FOR PSYCHOANALYSIS

122 South Michigan Ave.
Chicago, IL  60603
(312) 922-7474

Receipt of Notice of Privacy Practices Form

I, __________________________________________, hereby acknowledge receipt of the Institute for Psychoanalysis Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the Institute may use and disclose my confidential information.

I understand that the Institute for Psychoanalysis has reserved the right to change the privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided or made available to me.

Signed _______________________________________

Date _____/_____/_____

REMIT TO INSTITUTE
Adult Consent for Evaluation and Treatment Form

You are registering in the Clinic of the Institute for Psychoanalysis in Chicago, IL. Your analyst is a candidate psychoanalyst presently enrolled in a fully accredited analytic training program whose analytic work will be discussed with one of our faculty who serves as a consultant.

Questions that you might have should first be brought up with your analyst, but our staff is available to you for consultation should the need arise. In the unusual circumstance that your analyst interrupts his/her training for any reason, the Institute will notify you of that fact and make reasonable efforts to offer you one or more of the following options: (a) continuing psychotherapy privately with your therapist, (b) referral to another analyst or analytic candidate affiliated with the Institute, and/or (c) referral to another community resource for treatment.

Clinical material may be used for educational and research purposes, but only after alteration in order to maintain anonymity and ensure confidentiality. Both the admission personnel and candidate psychoanalyst may maintain notes and records concerning information you provide them for use in connection with your treatment and your analyst’s education.

These notes and records (in accordance with the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1 et seq. [the “Act”]) may also be disclosed to your analyst’s consultant or other Institute faculty. Your medical/treatment records will be maintained by and be the responsibility of your analyst.

Please confirm that you understand and accept the foregoing by signing below.

Patient: _________________________________ Date: ___/___/____

Witness: _______________________________ Date: ___/___/____

REMIT TO INSTITUTE
Child Consent for Evaluation and Treatment Form

You are registering your child in the Clinic of the Institute for Psychoanalysis in Chicago, IL. Your child’s analyst is a candidate psychoanalyst presently enrolled in a fully accredited analytic training program; that candidate’s analytic work will be discussed with one of our faculty who serves as a consultant.

Questions that you might have should first be brought up with your child’s analyst, but our staff is available to you for consultation should the need arise. In the unusual circumstance that your child’s analyst interrupts his/her training for any reason, the Institute will notify you of that fact and make reasonable efforts to offer you one or more of the following options: (a) continuing psychotherapy privately with your child’s therapist, (b) referral to another analyst or analytic candidate affiliated with the Institute, and/or (c) referral to another community resource for treatment.

Clinical material may be used for educational and research purposes, but only after alteration in order to maintain anonymity and ensure confidentiality. Both the admission personnel and candidate psychoanalyst may maintain notes and records concerning information your child provides them for use in connection with your child’s treatment and his/her analyst’s education.

These notes and records (in accordance with the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1 et seq. [the “Act]) may also be disclosed to your child’s analyst’s consultant or other Institute faculty. Your child’s medical/treatment records will be maintained by and be the responsibility of your child’s analyst.

Please confirm that you understand and accept the foregoing by signing below.

Child/Patient: ____________________________ Date: ___/___/____

And/Or Parent: ____________________________ Date: ___/___/____

(If child is under 18)

Witness: ____________________________ Date: ___/___/____
INSTITUTE FOR PSYCHOANALYSIS

122 South Michigan Ave.
Chicago, IL 60603
(312) 922-7474

Consent for the Release of Confidential Information of a Minor*

Child’s Name ___________________________ Date of Birth ____/____/____

I (we) authorize: ______________________________________________________________

To release the following information: ___________________________________________

To: __________________________________________________________________________

For the purpose of: _____________________________________________________________

I (we) understand that my (our) child’s/ward’s records are protected under the Illinois Mental
Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1 et seq. [the” Act”])
and cannot be disclosed without my (our) written consent unless otherwise provided for in the
Act. I (we) understand that I (we) have the right to inspect and copy information disclosed. I
(we) understand that I (we) may revoke this consent by giving written notice at any time
except to the extent that action has been taken and that, in any event, this consent expires
automatically as described below. I (we) understand that the consequences of a refusal to
consent to release are as follows:

This consent expires ________ year(s) from the date of execution.

Signature of Patient ___________________________ Date _____________

________________________________________________________ Date _______________
Signature of Parent or Legal Guardian

________________________________________________________ Date _______________
Signature of Parent or Legal Guardian

Signature of Witness: ___________________________ Date _____________

* To be used only as needed

REMIT TO INSTITUTE
Patient Registration Form for Institute Files

Date: Start of Case _____/_____/_____

Candidate Name ______________________________________________________

Patient Name ___________________________ Gender_______

Adult  OR  Child  (please circle)

Patient's Date of Birth _____/_____/_____  

Faculty Consultant ________________________________

REMIT TO INSTITUTE
Case Closing Form

Candidate Name: _______________________________________________________

Patient Name: _____________________________________________

Reason for Case Closing: ________________________________________________

Date of Closing:  _____/_____/_____

Date of Last Session: _____/_____/_____

Case Disposition:

Case Transfer:  to Private Practice ( )
                 to other Institute Program ( )

Name of Program/Staff __________________________

OR

Case Closed:  No further treatment needed ( )
              Patient withdrew from treatment ( )
              Referred to other Provider/Service ( )

Name of Provider/Service _______________________

REMIT TO INSTITUTE
# Patient Session and Supervision Report

**Candidate Name** ____________________________

**Patient Name** ____________________________  **Year** 20 _______

**Patient Session Dates:**

<table>
<thead>
<tr>
<th>Month</th>
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</table>

**Total # sessions:**

- this Month ________
- this Month ________
- this Month ________

**Faculty Consultant Name:** ____________________________

**Consultation Session Dates:**

<p>| | | |</p>
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</table>

**Total # Sup. Hours:**

- this Month ________
- this Month ________
- this Month ________

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**REMIT TO INSTITUTE**
1. Training Analysis

<table>
<thead>
<tr>
<th>Analyst</th>
<th>Date Started</th>
<th># of sessions/wk</th>
<th>Date Terminated</th>
</tr>
</thead>
</table>

II. Didactic Classes

**Fundamentals Year (List Quarter and Year Taken, ex. F-2012, W-2013, S-2014):**

- Critical Thinking
- Case Conference
- Evolution of PSA Thought
- PSA Perspectives on Development
- Clinical Approach to the Patient
- Fundamental Concepts in PSA

**Initial Required Courses (List Quarter and Year Taken):**

- Freud
- Technique
- Case Conference
- Development-Infancy
- Development-Latency
- Development-Adolescence
- Case Studies in Child Psychoanalysis

**Required Courses (List Quarter and Year Taken):**

<table>
<thead>
<tr>
<th>Course</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>Qtr 5</th>
<th>Qtr 6</th>
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</thead>
<tbody>
<tr>
<td>Advanced Case Conference</td>
<td>Qtr 1</td>
<td>Qtr 2</td>
<td>Qtr 3</td>
<td>Qtr 4</td>
<td>Qtr 5</td>
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**In addition, Child Candidates are required to complete:**

- Child & Adolescent Case Conf.
- Child & Adolescent Technique

**Selective Sequence (List Title of Course and Quarter/Year Taken):**

**A. Theoretical/Psychoanalytic Points of View (3 sequences required from at least 2 points of view):**

<table>
<thead>
<tr>
<th>Seq. 1</th>
<th>Seq. 2</th>
<th>Seq. 3</th>
<th>Qtrs:</th>
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**B. General Selective Sequence (2 sequences required):**

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**C. Clinical Selective (2 sequences required):**

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**Electives (6 Qtrs - List Title of Course and Quarter/Year Taken):**

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**For Child Candidates: 3 quarters of Electives in Child Analysis are required. These can count toward the 6 quarters required of all candidates.**

Chicago Institute for Psychoanalysis – Psychoanalytic Education Program
III. Clinical Cases

<table>
<thead>
<tr>
<th>#1 Adult Case</th>
<th>Patient Name:</th>
<th>M/F:</th>
<th>Age:</th>
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<tbody>
<tr>
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<td>Stop Date:</td>
<td>Terminated (Y/N):</td>
<td>Interrupted (Y/N):</td>
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<tr>
<td>Supervisor:</td>
<td># of Supervisory Hours:</td>
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<tr>
<td>Supervisor Reports:</td>
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<td>Candidate Reports: 6mo 10/1 10/1 10/1 10/1 (T/I)</td>
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</tbody>
</table>

IV. Evaluation of Learning/Progression:

- Approved for Extra Cases:
- 1st Colloquium:
- Approved for Advanced Standing:
- 2nd Colloquium:
- Termination Seminar:
- In Extenso Case Report: Faculty Member: Date Accepted by Faculty:
- Approved for Graduation:

V. Tuition/Fees

- Fees/Financial obligations up to date?
Introduction: The following clinical skills compiled by the members of the Certification Advisory Research and Development Committee (CARD) and the Certification Examination Committee are believed to be those present in competent analytic work. They are included here in order to give applicants an idea of what the committee looks for when evaluating work submitted for certification. Some of the skills are more specifically analytic than others, and many overlap. Most skills can be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written or oral reports. The committee members use the components of the list as guidelines only, not as a set of required criteria rigidly held in some perfectionistic view of analytic technique, process or clinical results. We hope that applicants will also use this list to guide them in deciding what to include in the reports of their work and not use it in such a way as to skew or constrain their own way of conveying what is essential to each individual case.

1. Assessment and Diagnostic Skills. The analyst:
   a. Demonstrates the ability to assess the phenomena of the patient's psychopathology and make a clinical diagnosis.
   b. Understands the effects of and interplay among various factors such as object relations, development, conflict, deficit, trauma etc. as determinants of these phenomena.
   c. Demonstrates the ability to make an assessment of the patient's suitability for psychoanalysis.
   d. If there was a previous treatment, the analyst demonstrates understanding of the potential effects of this on the analysis.
   e. Demonstrates the ability to assess a patient's need for psychotropic medication; if prescribed, demonstrates the ability to assess the effects of the medication on the patient and on the analysis.
   f. Demonstrates competence in assessing the influence on the analysis when either the analyst functions in a dual role as an analyst/prescriber or an outside consultant provides medication.

2. Conceptualization and Formulation. The analyst:
   a. Distinguishes between evidence and hypothesis.
   b. Demonstrates the ability to make a psychodynamic formulation, consistent with espoused theoretical orientation, initially and throughout the work.
   c. Can modify formulations when hypotheses are not confirmed by the process of the analysis.
   d. Demonstrates flexibility in theoretical orientation and an open mind towards considering other perspectives should the clinical situation warrant it.

N.B. Conceptualizations and formulations do not necessarily have to be articulated directly in the reports, as understanding of these can be conveyed through the narrative of the work itself.
3. Psychoanalytic Attitude and Attunement. The analyst:

a. Maintains a patient, non-judgmental attitude of curiosity and open-mindedness.
b. Demonstrates tact and is able to empathize with patients' relevant affective experiences.
c. Demonstrates the capacity to maintain an affective involvement with the patient that is neither excessively distant nor overly involved.
d. Is attuned to the influence of unconscious and preconscious factors in assessing the manifest material even if these factors are not necessarily included in what is said to the patient.
e. Is attuned to the influence of the analyst's own conscious or unconscious thoughts and feelings in the hearing of the patient's material.
f. Demonstrates an ability to help patients engage in the psychoanalytic process.
g. Demonstrates flexibility of thought and a tolerance of uncertainty and ambiguity in ongoing work.
h. Demonstrates ability to work with patients of both sexes.

4. Technique.

a. Interventions are succinct, to the point, and experience near.
b. Demonstrates sensitivity as to timing of interpretations.
c. Can assess the effects of interventions on the process of the analysis.
d. Demonstrates an ability to interpret and enable the patient to recognize and accept the reality of an unconscious inner life, as reflected in dreams, repressed memories, defenses, fantasy, and associations.
e. Demonstrates a flexible not concrete, rule or symbol driven approach to dreams.
f. Demonstrates coherence without rigidity between espoused theoretical orientation and technique.

5. Transference.

a. Demonstrates recognition that transference is central to the analytic work.
b. Demonstrates the capacity to interpret within the transference.
c. Can be available for and facilitate the development of manifold transferences.
d. Demonstrates competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.
e. Demonstrates competence in persevering and working analytically with intense and persistent transferences.
f. Is able to conceptualize the increasing elaboration and complexity of the patient's transferences.
g. If there was previous treatment, the analyst demonstrates awareness of and the ability to interpret the possible ongoing impact of this on the transference.
6. Resistance.
   
a. Demonstrates recognition, understanding, and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing.
b. Demonstrates ability to expand patients’ conscious awareness of the nuance and complicated workings of resistance or enactments.

7. Role of the Analyst.
   
a. Demonstrates awareness of the analyst's own feelings, fantasies, and other reactions to the patient.
b. Demonstrates awareness that analyst's reactions to the patient can be sources of information about the patient and the analytic interaction.
c. Demonstrates understanding of what effects the actions and the person of the analyst may have on the patient and the course of the analysis.
d. Interventions do not impose the analyst's own personal agendas.
e. Demonstrates the ability to self-observe, self-supervise and a capacity for learning, including reflection on possible mistakes or misjudgments or what, on hindsight, would do differently.
f. Demonstrates reflection on benefits or difficulties posed by supervision and/or personal analysis (if relevant).

   
a. Conveys how the story of the patient's psychic life unfolds and becomes more evident and coherent as the analysis progresses.
b. Demonstrates an understanding of how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient.
c. Demonstrates how the patient's transferences became more elaborated, expanded in complexity, and expanded the analyst's understanding of the patient.
d. Conveys the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.
e. Demonstrates evidence of improvement in the patient's problems and changes in the analysand's way of perceiving and relating to self and others as a result of the analysis.
f. If the analysis comes to a natural or even premature termination, the analyst demonstrates an understanding of how the analytic work evolved in order to come to a point of terminating.
g. Can reflect on what was accomplished and what was left undone at the end and can understand and articulate any limitations of the analysis.

   
a. If the analysis comes to a natural termination, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.
b. If the analysis comes to a premature termination, but nevertheless ends with a
termination process, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.

c. If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.

d. If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of this.

10. Ethical Considerations.

   a. Demonstrates a professional identity with an uncompromising commitment to patient responsibility.
   b. Demonstrates uncompromising integrity and consistently maintains the highest of ethical standards.
   c. Demonstrates recognition of need for personal consultation should possible boundary or other ethical challenges emerge.

11. Overall Competence of Analyst.

   a. Overall coherence of application
   b. Growth over the course of the analyst's work
Institute for Psychoanalysis

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

This notice describes how treatment information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Right to Privacy

We are required by federal and state law to maintain the privacy of your treatment information. We are also required to give you notice about our privacy practices, our legal duties and your rights concerning your treatment information. We must follow the privacy practices that are described while they are in effect. We reserve the right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by applicable law. You may request a copy of the notice at any time.

Uses and Disclosures of Treatment Information

The clinical staff, students and faculty of the Institute for Psychoanalysis provide mental health care to our patients in conjunction with other health care providers, organizations, and other professionals. The information privacy practices in this notice will be followed by: any employee, student, volunteer, or faculty member involved in your care and any business associate with whom we share health information.

The following categories describe examples of the way we use and disclose treatment information:

For Treatment: We may discuss your treatment information with other Institute professional staff as described in the consent form that you were given at the start of treatment.

For Payment: We may use and disclose your treatment information to obtain payment for services we provide you, including but not limited to business in connection with billing and collection activities. For example, we may need to give your insurance company information on the type of service you received.

For Institute Professional Review: We may use or disclose your treatment information in connection with our review of professional care including but not limited to: quality assurance activities, competence and qualification review of our staff and students, training programs or accreditation, certification, licensing or credentialing activities.

Research: We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure your privacy.

Legal Proceedings: We may disclose information in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstances.

We may disclose information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose information to the extent necessary to protect your health or safety or the health or safety of others.

We will not disclose your treatment information if that disclosure is prohibited or significantly limited by other applicable law.

Your Health Information Rights

- You have the right to request restrictions on uses and disclosures of your treatment information for the purposes of treatment, payment or healthcare operations. We are not required to allow your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.

- You have the right to inspect or copy treatment information that may be used to make decisions about your care with limited exceptions. You must make a request in writing by sending a letter to the address listed below.

- You have the right to request that we amend or make changes to your treatment record. Your request must be in writing, and it must explain why the information should be changed.

- You have the right to receive a list of instances in which we disclosed your information for purposes other than treatment, payment, professional review or those disclosures you have authorized in writing.

- You have the right to request that we contact you by alternative means or at alternative locations. For instance, you may ask that we contact you at work. You must inform us in writing that alternative means are required and provide an explanation of how payments will be handled under the alternative means.

Questions and Complaints

If you have questions about this notice, please contact our Administrative Office at:

Institute for Psychoanalysis
122 S. Michigan Ave., Suite 1300
Chicago, IL  60603
(312) 922-7474
admin@chicagoanalysis.org

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C., 20201. There will be no retaliation for filing a complaint.