**Informed Consent for Psychoanalytic Services**

**Service Agreement**

This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

**Psychoanalysis**  
Psychoanalysis is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychoanalysis has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychoanalysis often requires discussing the unpleasant aspects of your life.  However, psychoanalysis has been shown to have benefits for individuals who undertake it. Psychoanalysis often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychoanalysis requires a very active effort on your part. In order to be most successful, you will have to dedicate your time and effort.

The first session will involve a comprehensive evaluation of your needs and the concerns, which have led you to seek services at this time. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

**Appointments**   
Psychoanalytic appointments will ordinarily occur once or twice per week at a time we agree on. Sessions may be more or less frequent as needed depending upon circumstances. The time scheduled for your appointment is assigned to you and you alone. As a client receiving services, if you miss an appointment or have to cancel one that was previously scheduled within 24 hours of the session time, you will be responsible for paying the full fee for that appointment. Missed appointments and cancellations interfere with the ability to provide services to current and potential clients. For this reason, payment will be sought for such occurrences. By signing this form you are agreeing to this and acknowledging your understanding that it is your responsibility to pay the full fee for any missed or cancelled appointments. In addition, you are responsible for coming to your session on time. If you are late, your appointment will end on the basis of the logic of the session. If it is deemed that you are too late for your scheduled appointment time, I reserve the right to cancel the session.

**Professional Fees**

You are responsible for paying at the time of your session unless prior arrangements have been made. Your payments must be either cash or check as I am not able to process credit card charges as payment. The fee for returned checks is $25.00. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

**Professional Records**  
I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting such things as: that you were here, your reasons for seeking psychoanalysis, the goals set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that if you request a copy of your file, you initially review the material with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

**Confidentiality**  
My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Policies. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

**Contacting Me**  
I am not immediately available by phone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe: 1) go to your local hospital emergency room, or 2) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences. You may also contact me by email: chris@nashvillelacan.com However, it is my policy not to conduct services through email, and I will therefore limit or forgo my response to your message if necessary. If the message contains personally significant material that is pertinent to your treatment, I will be sure to address this during our next session.

**Other Rights**  
If you are unhappy with what is happening in psychoanalysis, I hope you talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another practitioner and are free to end psychoanalysis at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, or national origin. You have the right to ask questions about any aspects of psychoanalysis and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

**Consent to Psychoanalysis**  
Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Printed Name:

Signature:

Date: