

ICP Candidate Disclosure Form

- I. I am aware that I will be treated by a post-graduate analyst-in-training at the Institute of Contemporary Psychoanalysis in Los Angeles. The candidate analyst is a licensed clinician, engaged in obtaining a specialty certification in psychoanalysis. I am aware that my candidate analyst will be in supervision with an ICP Training and Supervising Analyst.
- II. I also understand that while my identity will be held strictly confidential, aspects of my analysis may be discussed at clinical presentations in classes or other conferences under the aegis of ICP. My anonymity will be preserved under all circumstances.
- III. I am aware I am entering into a treatment relationship with my clinician only. I understand that from now forward all aspects of my treatment will fall entirely within the practice of my candidate analyst. These aspects of my treatment include, but are not limited to, all payment arrangements, clinical documentation, clinical decisions and responsibility, treatment policies and procedures, and any other treatment arrangements.
- IV. I have been informed about the frequency of visits, duration of treatment and financial arrangements.
- V. I am aware that if my candidate analyst withdraws from psychoanalytic training or otherwise changes their status, I will be informed of the change. Although I am aware that it is recommended that psychoanalytic treatment continue for a minimum of 18 months, I understand that I am free to terminate psychoanalytic treatment at any time.
- VI. I am aware that information about grievance and complaint procedures are available on the ICP website at icpla.edu

Being aware of all of the above, I consent to psychoanalytic treatment with:

Control case analyst signature: _____

Candidate analyst signature: _____

Date: _____