

Referred by:

**BIOGRAPHICAL INFORMATION**

Client Name(s):

Preferred Pronoun(s):

Address:

Home Phone:

Work Phone:

Email:

Date of Birth:

Insurance Company:

Insurance ID:

Policy Group Number:

Insurance Phone Number:

Name of Employer:

What is your copay \$:

Do you have a deductible? Yes/No/Unk.

**MEDICAL HISTORY**

The reason I am/we are seeking therapy at this time is:

Date of first symptom, describe:

I am currently taking medication that will affect my therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name of medication:	
Provider who prescribes medication:	
Phone number of provider:	
Number of alcoholic beverages consumed per week	
I use a non-prescription drug more than once a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please identify:	
I have previously been hospitalized for psychological reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation of situation:	
I have had suicidal ideation in the past six months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please be advised that Gillian Corzine must notify emergency health providers and/or 911 if she believes that her client intends to self-harm.

Person Gillian Corzine may contact if she believes client may self-harm.

Name \_\_\_\_\_  
Relationship to client \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Address \_\_\_\_\_

Please briefly state your goal(s) for the next eight weeks of therapy:

- 1)
- 2)
- 3)

(For couples only) Areas you would like to work on in your relationship: Circle all that apply

Communication	Time together/apart	Household responsibilities	Finances
Commitment	Addiction	Extended family	Trust
Sexual relations	Children/conception	Spirituality/Religious	Other

Explain in Detail:

I am aware that Gillian Corzine will keep all information confidential, unless I am deemed to pose harm to myself or others, in which case Ms. Corzine will be required to notify a mental health specialist or the necessary authorities.

I understand that electronic communication such as text messaging and email is not a secure form of contact and that if I choose to communicate with my therapist by using these means that I do so at my own risk.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parental signature and consent is needed if the client is under 18 years of age at the commencement of therapy.

Name of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENTS and AGREEMENTS (Initial)**

1. \_\_\_\_\_ As a client of Gillian Corzine MS, LMFT, I understand my rights and responsibilities and consent to be the recipient of therapeutic services under the assigned provider. Parent signature is required for children under 18 years of age.
2. \_\_\_\_\_ I understand the limits to confidentiality as outlined above. I understand the special considerations regarding confidentiality in couples and family therapy.
3. \_\_\_\_\_ I authorize my spouse/partner/significant other to be a participant in my therapy sessions (if applicable).
4. \_\_\_\_\_ I authorize my insurance benefits to be paid directly to the Therapist (in-network claims). I authorize the Therapist to release any information required to process insurance claims (if applicable).
5. \_\_\_\_\_ I understand that Couples Therapy (relationship distress focus) is not a covered service under insurance plans and I willingly agree to be provided this service at my own expense.
6. \_\_\_\_\_ I understand that I am financially responsible for my bill and any services not covered by insurance. If I cancel an appointment with less than 24 hours notice, or miss the appointment, there is a fee of \$100. I understand that late cancellation and no-show fees are not covered by insurance.
7. \_\_\_\_\_ I have read and understand the social media and electronic communication policy.
8. \_\_\_\_\_ I understand that the services provided by Gillian Corzine MS, LMFT are treatment oriented and not forensic in nature. I understand that this therapist cannot provide evaluation services that lead to professional opinions regarding child custody, parent visitation nor employment disability.
9. \_\_\_\_\_ I have received Gillian Corzine’s notice of HIPAA privacy practices.
10. \_\_\_\_\_ I give Gillian Corzine permission to contact my health provider(s) when necessary in the course of therapy.
11. \_\_\_\_\_ If applicable, I give permission for Gillian Corzine to bill insurance electronically on the BCBS secure BLUE-E portal.



Client/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Client 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_  
Printed Name \_\_\_\_\_

# Office Policies and Consent For Treatment

The following outlines the rights and responsibilities of both practitioner and client as well as the boundaries of confidentiality within the therapeutic relationship. Important from the onset is your right to ask questions and be an active participant in contracting this relationship. You have the right to decide NOT to receive services from my practice and ask for a referral to another qualified professional whose services you might prefer. Please read and indicate that you have reviewed this information and agree to it by initialing the check boxes on the “Consents and Agreements” page of this document.

## INSURANCE

The only insurance provider I work with is Blue Cross/Blue Shield (BCBS). There are limitations of what insurance policies cover with regards to couple’s therapy. For a detailed explanation, see the [“Limitations of Insurance and Couples Therapy”](#).

The payment amount is a fixed price set by the insurance company. Your co-pay, as outlined in your insurance plan, is due at the end of the session. The deductible, if applicable, is the responsibility of the client. **No-show and late cancellation fees are NOT covered by insurance.**

## FEES FOR PRIVATE PAY COUPLES COUNSELING

Standard fees: Fifty-five (55) minute session \$150  
Ninety (90) minute session \$200  
No show/missed session \$100

A session can be cancelled or rescheduled with no penalty if sent 24 hours prior to appointment.

Exceptions:

Emergency situations concerning the health & safety of you & your family;  
Inclement weather (e.g. hurricanes, snow, icy roads, floods).

Session length will be determined by client and therapist agreement. Payment in full is expected by the end of each session.

## FEES FOR PRIVATE PAY INDIVIDUAL COUNSELING

Standard fee: Fifty-five (55) minute session \$125.

If you have insurance but are choosing not to use it for personal reasons, please sign/initial the insurance waiver section on the consent and agreements page.

## PAYMENT METHODS

I accept cash, credit cards and local checks.

## Limitations of Insurance and Couples Therapy

While I am an in-network provider with Blue Cross and Blue Shield, I will not bill insurance for couple's therapy – relationship distress with spouse or intimate partner (V61.10/Z63.0) -for the following reasons:

- Couples therapy is not a provided benefit under most insurance plans because plans require **medical necessity** for treatment. This means that to use health benefits for treatment one needs a **diagnosable mental health disorder** and your therapist needs to prove that your disorder is causing significant impairment in your life on a day-to-day basis. While you may have anxiety, a depressive disorder, or other mental health challenges, the focus of treatment in couple's therapy is the treatment of your relationship dynamic rather than on your mental health condition, and the insurance company does not see communication and relationship challenges as being medically necessary. In couples therapy the relationship is the client, which is not recognized by insurance companies as they usually only cover **the mental health of the individual who is insured**.
- It is possible that if you call your insurance company and ask if they cover couple's therapy they may say "yes" but it does not guarantee coverage of services, even if you obtain an authorization number. What the insurance company is referencing in saying "yes" to couple's counseling is that they cover a procedure code that allows a person's family member or significant other to be present in therapy. The focus of counseling is not on your relationship, but rather the treatment of a **diagnosable mental health condition**. They consider your partner as a support in the treatment of your mental health condition, not as a person also receiving treatment for relationship challenges. If you wish to call your insurance company to inquire about couple's therapy coverage, you need to be specific and ask about covering the diagnostic code "Z63.0 Relationship distress with Spouse or Intimate partner for procedure code 90847".
- Labeling one person as the "identified patient" can unbalance the treatment and run the risk of pathologizing a partner. Seeking fairness and equal responsibility for contributing to the challenges and health of the relationship is my goal in couple's therapy.
- I am dedicated to providing ethical treatment, and taking advantage of a medical diagnosis to justify treatment of a relationship issue is misleading and not an ethical practice.

## **Couple's Therapy Unique Confidentiality Limitations**

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be a couple or a family with numerous persons participating. **This section is intended to inform you that when I agree to work with a family or a couple, I consider the family or couple (the treatment unit) to be the patient (client).**

- If there is a request for the treatment records of the family or the couple, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. The therapist will not make confidential disclosures without the full written consent of the parties present unless required by law

- If my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the treatment unit.
- During the course of my work with a family or a couple, I may see a smaller part of the treatment unit for one or more sessions. These sessions should be seen as a part of the work that I am doing with the family or the couple, unless otherwise indicated.

More helpful references concerning Couple's Counseling and Insurance

- <http://www.changeforlivingcounseling.org/bcbs-marital-therapy/>
- <https://couplestherapyinc.com/will-my-insurance-pay-for-marriage-counseling/>

## CONFIDENTIALITY POLICY

You should be aware there are several situations in which your provider is required by law to reveal information obtained during the provision of services to other persons or agencies without your permission. Also, your provider is not required to inform you of her actions in this regard. These situations are as follow:

- If you threaten bodily harm or death to another person, your provider is required by law to inform the law enforcement agencies.
- If you threaten bodily harm or death to yourself, your provider will inform law enforcement agencies and others (spouse/partner/emergency contact person, or inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
- If a court of law issues a legitimate subpoena, your provider is required by law to provide the information described in the subpoena.
- If you reveal information relative to child abuse and/or neglect, your provider is required by law to report this to the appropriate authorities.
- If you are in treatment or being assessed by order of a court of law, the results of the treatment or evaluation ordered must be revealed to the court.

## HIPAA

Under the requirements of the Health Information Portability and Accountability Act, (HIPAA), which is in effect 4/14/03, I am legally required to inform you of your privacy rights and how this law regulates the disclosure of your Protected Health Information (PHI). Please review this condensed version of the new privacy practices. Please ask me if you have any questions about this information.

### NOTICE OF Gillian Corzine's POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION:

All information you provide during the evaluation and treatment process is considered confidential by Gillian Corzine. The disclosure of protected health information is governed by the North Carolina "Health Insurance Portability and Accountability Act" of 1996, as well other applicable federal and state laws. Exchange and use of protected health information between Gillian Corzine and office staff or colleagues for the purpose of treatment, payment or health care operations will be permitted and based on "need to know" guidelines.

Disclosure of protected health information outside of my practice is only permitted when you or your legal representative signs a written authorization, or gives verbal authorization in an emergency situation. When using, disclosing or requesting PHI, I make reasonable efforts to limit transmission to the minimum necessary to accomplish the intended purpose of the exchange. Any authorization for disclosure may be revoked by you at any time, except to the extent that action has been taken in reliance on it.

#### DISCLOSURE WITHOUT YOUR SPECIFIC AUTHORIZATION:

You have the right to request restriction of the disclosure of your health information, except when a clinician is required to disclose information by law. Under the following specific conditions, disclosure of information outside of Gillian Corzine's counseling practice is permitted and/or required by law and professional ethics without your specific authorization:

- When there is a medical or psychiatric emergency involving your health or safety or the safety of others
- When the clinician is required by law to report instances of neglect or abuse of a child or disabled adult
- When the clinician is responding to a court order or participating in a commitment proceeding
- When the clinician is required by North Carolina Administrative code to disclose physician information due to an incident that would cause a health risk to another person.

#### YOUR RIGHTS RELATED TO THE USE AND DISCLOSURE OF HEALTH INFORMATION IN YOUR MEDICAL RECORD

You have the right to request an accounting of these disclosures. I will attempt to accommodate every reasonable request on the use and disclosure of PHI, though I am not required to always agree to such restrictions.

- The right to request that your medical record be designated as a secure file
- The right to inspect and request a copy of your medical record
- The right to request an amendment of any section of your medical record

Each disclosure of protected health information will be documented in the treatment notes.

If you are concerned that Gillian Corzine has violated your privacy rights, or you disagree with a decision she has made about access to your records you may send a written complaint to the Secretary of the North Carolina Department of Health and Human Services. Provision of services will not be affected by the filing of any complaint.

#### SUPERVISION & CONSULTATION

To be able to provide the most effective counseling experience, I may participate in monthly consultations with professional colleagues and may occasionally seek the advice of other mental health professionals. If I seek consultation for matters involving our work together, all information will be presented in a manner which protects your identity.

#### RECORDS IN THE CASE OF THERAPIST INCAPACITATION OR DEATH

In the case of this therapist being in an accident or premature death, you will be contacted by a pre-assigned person who will have access to my records in this case and who has agreed to all the confidentiality requirements hereby stated in this document. The electronic and paper records of our communication and session will be destroyed after seven years.



## SOCIAL MEDIA AND ELECTRONIC COMMUNICATION POLICY

There are possible risks associated with communicating with the therapist via electronic methods including leaving voice messages, email, texting, and video conferencing.

- I use both T-Mobile and AT&T for my cell phone/internet services. It is NOT advised to discuss clinical issues over voicemail, text or e-mail as the therapist cannot guarantee security. It is advised that voicemail, email and text are used only as a request for a call back or for scheduling/cancelling a session.
- While I try to return messages in a timely manner (generally 24 hours), I cannot guarantee an immediate response. This method of contact is not to be used for clinical assistance or in case of emergency. **In the case of an emergency after hours, call 911.** Do not use text messaging or email for emergency situations.
- I am not set up for video conferencing at this time. SKYPE is not an approved method for confidential conferencing.
- The therapist will not “friend” or accept any friend requests from current or former clients.
- I am ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication such as email or text messaging. These records include a brief summary of the conversation along with goals outlined for the next meeting. Any communication via electronic means is subject to be included in your medical record. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply.

## *Directions to Gillian Corzine's office*

104 Jones Ferry Road, Suite F, Carrboro 27510

### **From Pittsboro**

Take 15-501 into Chapel Hill and go west on Hwy 54 about 2-3 miles and take the Jones Ferry road exit. Make a right at the light and head into Carrboro. Right before you reach the first light intersection at Main St. you'll see a brick building on your left with a sign on the lawn saying "Covenant Office Center". The driveway after the building is the entrance. There are plenty of parking places behind the building.

### **From Raleigh/RDU Airport**

Hwy 40 west and get off on the 2<sup>nd</sup> Hwy 54 like you're going to Chapel Hill. Follow this for 3 miles or so, staying in the right lane so that you can cloverleaf under the 15-501 over-pass to stay on 54 west. Do not take the 15-501 off-ramp to Pittsboro. Another 2 minutes brings you to the Jones Ferry road exit. Make a right at the light and head into Carrboro. Right before you reach the first light intersection at Main St. you'll see a brick building on your left with a sign on the lawn saying "Covenant Office Center". The driveway after the building is the entrance. There are plenty of parking places behind the building.

### **From Chapel Hill**

Take Main street into Carrboro and it will turn into Jones Ferry road. Right after you pass the intersection at Main St. you'll see a brick building on your right with a sign on the lawn saying "Covenant Office Center". The driveway before the building is the entrance. There are plenty of parking places behind the building.

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### **Once in the Building**

Go through the back door (or front) and up the stairway. To the left is suite F. It says Gillian Corzine on the door. Please call 919-444-4372 to change an appointment time or to contact me. When I am at the Carrboro office I usually have my cell turned on when I'm not in session.