

CORNERSTONE Counseling Center

New Client Intake Form 2022

Scott Barrella, MS LMFT – License MFT 32532 – Counselor and Director

Date _____

Referred by: _____

1) Primary Client Name _____ Birth Date _____

2) Other Client Name _____ Birth Date _____

Home Address _____ H Phone _____

Cell #(s) _____

1) EMAIL1# _____ Drivers License # _____

2) EMAIL 2# _____ Drivers License # _____

Employer Name _____ Job Title _____

Work City _____ Monthly Income\$ _____

Employer City _____ Years with company _____

Emergency Contact: Name _____ Phone _____

Ex-partner Name (if mutual children) _____ Phone _____

Attorney's Name (If Court Case) _____ Phone _____

Children's Names _____ Ages _____ Schools _____ Issues? _____

Client Presenting Symptoms (Why are you seeking counseling?):

Contract

1. I know that I must pay my session fee of \$150 session at the start of each session or other established rate of _____ (must be approved by Scott Barrella before editing). Payment Options are: ZELLE (account of CornerstoneSB@aol.com) or VENMO (Barrella-Inc) or Cash payments in office only. **Teletherapy time** will be billed at the same rate.
2. I know I need to **call 24 hours** prior to a session to cancel that session (phone or in person). If I fail to call, I know that I will be charged **\$200** fee for this absence (payable at the next session).
3. The duration of counseling depends on my participation and progress. Scott Barrella will assess my progress and give his opinion of when counseling should conclude. Reports for any purpose will be \$400 an hour.
4. Any sessions that occur without the presence of family members as part of a family treatment model will not be kept confidential from the absent family members. No secrets between members and Scott Barrella once we start family sessions. Scott Barrella can contact and discuss my case with my emergency contact person.
5. I know that session facts and statements are confidential unless I disclose information that fits the definition of mandated reporting laws. These include but are not limited to reports of **child, elder, or dependent abuse or neglect**, expressed or implied **threats** to harm self or ascertainable victim(s), **threats** to personal property of another, and where I make my mental or emotional state and issue in a legal proceeding. If you come to session under the **influence**, the session will be terminated and you will owe for that session.
6. Attendance in counseling **does not include** legal or financial advice. If you need those services seek out a profession in those areas.
7. Attendance is not a guarantee of change of behavior or emotional health. Other circumstances will affect results.
8. Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (the patient) nor your attorney, nor anyone else acting on your behalf will call on Scott Barrella to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If, however, you become involved in legal proceedings that could require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs. Because of the difficulty of legal involvement, I charge **\$1000.00 per day minimum or \$400 per hour depending on duration of time** for preparation, travel, and attendance at any legal proceeding. Due one week prior to Court appearance and is nonrefundable. Reports for any purpose will be completed at a rate of \$400 per hour.
9. I know that Scott Barrella does not have 24-hour response capability so if I am in a crisis, I will leave a message on his business voicemail and call 911 for help.

Releases

1. I am giving permission for the release of information to the following persons: **Attorney, Prior counselor, Mediator, Family Member Names, etc (add names and phones):** _____
2. _____
3. _____
4. If applicable, I am giving permission for the treatment of my minor child and agree to provide Scott Barrella with a copy of the legal custody order showing my ability to grant treatment permission.

I have read and understand all of the above.

Signature _____

Date _____

Signature _____

Date _____

Cornerstone Counseling Center

805-390-6384 Ventura – Simi Valley – Thousand Oaks – Agoura Hills - Barrella Inc.
Scott Barrella, MS LMFT – Clinical Director and Facilitator



Contract Extension for COVID 19 Rules for In Person Sessions:

Date: _____

Print Client Name: _____

DOB

Print Client Name: _____

DOB

Cornerstone Counseling will allow persons into the office under the following conditions that are understood and agreed upon by you the clients:

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. If Masks are ordered, clients must wear a mask or do ZOOM for these sessions if possible.
- I further acknowledge that Cornerstone Counseling /Barrella Inc have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that Cornerstone Counseling /Barrella Inc cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of me and others, including, but not limited to, salon staff, and other salon clients and their families.
- I voluntarily seek services provided by Cornerstone Counseling /Barrella Inc and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.
I attest that:
 - * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 - * I have not traveled internationally within the last 14 days.
 - * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
 - * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 - * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
 - * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- I hereby release and agree to hold Cornerstone Counseling /Barrella Inc harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Cornerstone Counseling /Barrella Inc LLC. I understand that this release discharges Cornerstone Counseling /Barrella Inc from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Cornerstone Counseling /Barrella Inc LLC. This liability waiver and release extends to the salon together with all owners, partners, and employees.
- I agree to the above terms and conditions:

Client Signature: _____

Date

Client Signature: _____

Date

Cornerstone Counseling Center

805-390-6384 Ventura – Simi Valley – Thousand Oaks – Van Nuys – Agoura Hills
Scott Barrella, MS LMFT – Clinical Director and Facilitator



Online/Zoom Guidelines – Please read and sign

Date: _____

Print Client Name: _____ **DOB**
Print Client Name: _____ **DOB**

- All previous noted contractual obligations still apply and you agree to these additional conditional online terms.
- You will receive a ZOOM meeting ID and you will enter a waiting room. Later you will be admitted by Scott Barrella/Counselor. Please create a Zoom account.
- You still need to give **24 Hours** notice if you plan to miss a session to avoid an absence fee (same as session fee unless we
- Please plan to be in a private, isolated location with few distractions (i.e., car, private space; with less distractions). You must be alone and on camera.
- Additional conditions may apply – TBD later by Scott Barrella.

I agree to the terms above:

Client Signature: _____ Date

Client Signature: _____ Date