

**CORNERSTONE Counseling Center**

**Reunification/Conjoint Therapy Client Intake Form**

**Official 2023**

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

Date \_\_\_\_\_

Referred by: \_\_\_\_\_

1) Adult Primary Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_

2) Minor/Other Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ H Phone \_\_\_\_\_

Cell #(s) \_\_\_\_\_

1) EMAIL1# \_\_\_\_\_ Drivers License # \_\_\_\_\_

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Ex- Partner Name \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work City \_\_\_\_\_ Annual Income\$ \_\_\_\_\_

Employer City \_\_\_\_\_ Years with company \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney’s Name (If Court Case) \_\_\_\_\_ Phone \_\_\_\_\_

Children’s Names \_\_\_\_\_ Ages \_\_\_\_\_ Schools \_\_\_\_\_ Issues? \_\_\_\_\_

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

**Contract**

1. Reunification Therapy is at a rate of \$300 session. Payment is due no less than 24-Hours Prior to the start of each session. Payment Options are: **ZELLE** (account of [CornerstoneSB@aol.com](mailto:CornerstoneSB@aol.com) or 805-390-6384) or VENMO (**Barrella-Inc**) or Cash payments in the office only. Your **Phone calls, Emails and Text messages for consultation time** will be billed at the agreed-upon hourly rate of **\$300**.
2. I know I need to **notify Scott Barrella 48 hours** prior to a session to cancel or reschedule a session. If I fail to call, I know that I will be charged **\$300** fee for this absence (payable before the next session can be booked).
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.
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 an absence fee for that 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** for preparation, travel, and attendance at any legal proceeding. Due one week prior to Court appearance and is nonrefundable. Also professional reports will cost \$300 per report if required.
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.
10. 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. I understand English.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.
- Please create a Zoom account. Download the ZOOM app to your device.
- You will receive a ZOOM pass code and you will enter the waiting room. Later you will be admitted by Scott Barrella.
- You still need to give **48 Hours** notice if you plan to miss a session to avoid an absence fee.
- 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. No recording is permitted by anyone.
- Additional conditions may apply – Scott Barrella will inform you by email.

**I have read and understand all of the above. I understand English.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date