

# CORNERSTONE Counseling Center

## New Client Intake Form

Official

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

Date \_\_\_\_\_

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



CORNERSTONE  
Counseling Center

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

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

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

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

1) EMAIL 1# \_\_\_\_\_ Drivers License # \_\_\_\_\_

2) EMAIL 2# \_\_\_\_\_ Drivers License # \_\_\_\_\_

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

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. I know that I must pay my session fee of \$250 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](mailto:CornerstoneSB@aol.com)) or VENMO (Barrella-Inc) or Cash payments in office only. Paypal may be done with added Fees. **Phone therapy time** will be billed at the usual 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 **\$250** 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.
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** 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.

### 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 \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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.
- 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 pass code 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** \_\_\_\_\_

# Cornerstone Counseling Center/Barrella Inc/Scott Barrella MS LMFT

Date \_\_\_\_\_

Primary Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## HIPAA RELEASE Form:

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information. Our Legal Duties State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place. NOTE - HIPAA only applies if we are charging your insurance company for the services.

The contents of material disclosed to us in an evaluation, intake or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records. Use of Information about you may be used for diagnosis, treatment planning, and continuity of care. We may disclose it to health care providers who provide you with treatment such as doctors, nurses, mental health professionals, and mental health professionals or business associates affiliated with billing, quality enhancement, audits and accreditation.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of Cornerstone Counseling/Barrella Inc. and Scott Barrella LMFT not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

**Duty to Warn and Protect** When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

**Public Safety Health records** may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws. If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

**Professional Misconduct** Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns. Judicial or Administrative Proceedings Health care professionals are required to release records of clients when a court order has been placed.

**Other Provisions** When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (i.e. diagnosis, treatment plan, progress notes) is not disclosed. If a debt remains unpaid it may be reported to credit agencies and the client's credit report may state the amount owed, the time-frame, and the name Cornerstone Counseling/Barrella Inc. Or collection source.



**Cornerstone Counseling Center/Barrella Inc/Scott Barrella MS LMFT**

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes types of services, dates/times of services, diagnosis, treatment plan, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information is not disclosed. Clinical information about the client is discussed.

In the event in which Cornerstone Counseling/Barrella Inc. or your mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify us in writing where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say Cornerstone Counseling/Barrella Inc. or the nature of the call, but rather the mental health professional's first name only. If this information is not provided to us (below), we will adhere to the following procedure when making phone calls; First, we will ask to speak to the client (or guardian) without identifying the name of the therapist. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify Cornerstone Counseling/Barrella Inc. (to protect confidentiality). If we reach voice mail we will follow the same guidelines.

Your Rights - You have the right to request to review or receive your medical files. The procedure for obtaining a copy of your medical information is as follows. You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. **The charge for this service is \$50.00 per page, plus postage AND counselor time to collect data RATE IS \$400 per hour.**

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information to a location different than our address on file, you must provide the information in writing. You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them. You have the right to request that information about you be communicated by other means or to another location. This request must be made in writing.

You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement or disagreement which will be placed in your file. You have the right to know which information in your record has been provided to whom. Request this in writing. If you desire a written copy of this notice you may obtain it by requesting it for your therapist.

Complaints If you have any complaints or questions regarding these procedures, please contact Scott Barrella. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the American Association of Marriage and Family Therapy.

Direct all correspondence to Cornerstone Counseling/Barrella Inc.— 1633 Erringer Road. Suite 201C, Simi Valley, CA 93065

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Client's name (Please print) \_\_\_\_\_

Guardian Name (If applicable) \_\_\_\_\_