

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 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 a minimum of **\$1000.00 per day and \$400 per hour** for preparation, travel, and/or attendance at any legal proceeding. Due one week prior to Court appearance/action and is nonrefundable.
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. Absence fee is the same as the session 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 as necessary.

I have read and understand the above. I understand and read English.

Signature Date

Signature Date