

CORNERSTONE Counseling Center

New Client Intake Form 2025

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) _____

Other Address (if different) _____ H Phone _____

Cell #(s) _____

1) EMAIL1# _____ Drivers License # _____

2) EMAIL 2# _____ Drivers License # _____

Employer Name(s) _____ Job Title(s) _____

Work City _____ Gross Monthly Income \$: _____

Employer City: _____ Years with company: _____

Emergency Contact: Name _____ Phone _____

Ex-partner Name: _____ Phone _____

IA - Attorney's Name : _____ 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 **\$300 a session hour (+\$50 per additional person** in session). Payment Options are: **Zelle** (account of CornerstoneSB@aol.com) or **VENMO** (Barrella-Inc) or **Apple Pay** or **Cash** payments (in office only). **Teletherapy and email and text/phone contact time** will be billed at the same hourly rate. **NO CREDIT CARDS OR CHECKS.** I know I need to **call/text/email 48 hours** prior to a session start time to cancel that planned time session or I will pay the same fee as the session price.
2. The duration of counseling (number of sessions) depends on my participation and progress. Scott Barrella will assess my progress and give his opinion of when counseling should conclude. Progress reports for any purpose will be done at a rate of \$400 an hour with releases granted by all client participants or attorneys who hold privileges.
3. 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.
4. 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 be charged the absence fee.
5. Attendance in counseling does not include legal or financial advice. If you need those services seek out a profession in those areas.
6. Attendance is not a guarantee of change of behavior or emotional health. Other circumstances will affect results. No refunds given.
7. 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 **\$1500.00 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.
8. 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. 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 – 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 **48 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

Primary Client Name _____ Birth Date _____
Primary Client Name _____ Birth Date _____

HIPAA RELEASE Form 2025:

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 charge your insurance company for the services.

The charge for this service is \$50.00 per page, plus postage AND counselor time to collect data RATE IS \$400 per hour.

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 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. **The charge for this service is \$50.00 per page, plus postage AND counselor time to collect data RATE IS \$400 per hour/Minimum \$1000.**

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. 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.** 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 (Sign) _____

Other Name (Sign) _____