Audrey DuRoss, LCSW
Toll Creek Village, 2720 Homestead Rd, Suite 40, Park City, UT 84098
801-901-7193

Client Registration

Client Name:
Street Address:
City, State, Zip:
Email:
DOB:
Pronoun:
Phone Number:
Email:

Primary Insurance Information

Primary Insurance:
Company Address:
City, State, Zip:
Company Phone:
Employer:
Policyholder Name:
DOB:
Identification Number:
Policy/Group Number:

Secondary Insurance Information

Primary Insurance:
Company Address:
City, State, Zip:
Company Phone:
Employer:
Policyholder Name:
DOB:
Identification Number:
Policy/Group Number:

I understand that my therapist's goal is to provide the best possible service. While I expect benefits from this treatment, I fully understand and accept that because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed. A variety of treatment methods will be used in attempts to provide relief of my symptoms and to improve my coping and problem solving skills.

I understand that for counseling services to be most effective, it is essential to have these services coordinated with other health care providers. Information will only be shared in accordance with the Privacy Policies of Audrey DuRoss, LCSW. For any person or institution that is not directly related to treatment, payment of services or health care operations of Audrey DuRoss, LCSW, all protected health information will be kept confidential UNLESS you sign a specific authorization. However, all health care providers are legally required to report and release the following information without specific authorization: suspected physical/sexual abuse and or neglect of a child or elderly person, to prevent injury to self or other, in a medical emergency to save lives, or if ordered by the court.

I understand that the fee is $150.00 for a sixty-minute office visit, unless otherwise specified by my insurance company. I agree to make required payment at the time of services. Phone calls more than 10 minutes in length, written reports, and other professional contact will be billed at the same rate. I understand that a 24-hour notice for cancellation is required. Otherwise, I will be charged full fee for the missed appointment, and I understand that this charge is not billable to my insurance. I understand that I may choose to have charges submitted to my insurance carrier. I am solely responsible to pay all charges. Should my account become over 30 days delinquent, I understand that a finance charge of 1.5% per month will be added to my bill from the date of service. I will also be responsible for payment of any legal fees and/or collection costs if such services are required. I authorize the release of my identifying information to pay all costs of collection, including attorney fees, court costs, and collection agency charges and fees. A service charge of $35 will be added to my account for any returned check.

In the event of an emergency I will call the National Suicide Prevention Lifeline at 1-800-273-8255
Or 911, or visit the closest emergency room.