

Lauren Drago Therapy

Lauren LaRusso Drago, MEd, LPC, LMHC

(914) 288-6552

laurendrago@gmail.com

NY License #: 006885-1

POLICIES AND INFORMED CONSENT

Welcome to my practice and thank you for choosing me for your therapy needs. Please read this document thoroughly and carefully, as it contains important information about my professional services and business policies. If you have any questions or concerns, please feel free to discuss them with me at any time. You will be asked to sign and date this document. We will each retain an electronic record of the signed document. I look forward to our therapeutic work together.

About Me: I am a licensed mental health counselor (LMHC) in New York State specializing in work with adult individuals and adolescents. Using a collaborative approach, I bring compassion, experience and insight to each therapy session. I strive to create a safe environment where you can comfortably share your stories, thoughts and feelings. My goal is to empower all individuals to understand themselves at a deeper level, to communicate more effectively, develop healthy coping skills and to form lasting positive connections with those who matter most.

I hold a Master of Education (MEd) in School and Mental Health Counseling from The University of Pennsylvania; and a baccalaureate degree (BS) in Psychology and Creative Writing from The College of the Holy Cross. Additionally, I am a licensed professional counselor (LPC) in Pennsylvania and Connecticut, and hold certification as a Secondary School Counselor in Pennsylvania and Connecticut.

I am also a supervisor at Vital Decisions, a company which works with seriously ill individuals and families to empower them to make choices around their medical care that reflect their true desires and values. In my years of experience in the field, as a supervisor, and as a clinician in settings such as hospitals, clinics, and schools, I have counseled men, women, teens, and families who may be struggling with myriad personal or relational difficulties. This varied experience informs my work and offers insight into my client's presenting challenges.

Scheduling & Referrals: Individual sessions are 45 minutes. I meet with clients by the telephonic method of their choice (phone/Skype) on a weekly basis, typically at a fixed recurring day/time. When this is not possible, I make reasonable efforts to work with your schedule. On some occasions, I may determine you need a higher or more specialized level of care than I can provide. In these cases, I will make every effort to work with you to find the most appropriate and potentially helpful referral to meet your needs.

Non-Emergency Contact Between Sessions: If you need to contact me between sessions, please leave a non-urgent message on my voicemail at (914) 288-6552, and I will return your call as soon as possible. I check my messages a few times a day and should be able to return your call within 24 to 48 hours. **Please do not send texts or emails related to your therapy sessions that contain personal information.**

Emergency/Crisis Intervention: My practice is not equipped to offer crisis therapy or intervention. In case you find yourself needing immediate support, please call 911 or go to the nearest hospital emergency room. Give the crisis intake worker and treating doctor my name and contact information. Please let me know as soon as possible if you have received emergency treatment so I can continue your care or coordinate your care according to your mental health treatment needs. 24-hour assistance is also available by calling 1-800-LIFENET. **Please do not use email, text messages or faxes for emergencies.**

If at any time you feel my practice or availability does not support your treatment needs, please let me know so we can discuss alternate or additional therapy resources.

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Payment and Billing Procedures: You have agreed to a fee of \$ 125 per session. I currently accept payment by personal check, or via secure electronic payment methods PayPal and Venmo using the email laurendrago@gmail.com. **You are expected to pay for services at the start of or within 24 hours of each session.** I do not accept insurance, but can supply you with a paid receipt for services rendered either after each session, or at the end of each month. You may submit this receipt to your insurance company for partial reimbursement if your plan provides for out-of-network benefits. I can provide with a list of helpful questions to ask your insurance company provider upon request, but please check with your provider directly for information regarding this issue.

Late Arrivals/Missed Appointments/Cancellation Policy: It is important to consider that cancellations impede the progress of therapy. However, there are things in life we cannot control. Scheduling an appointment is my commitment to reserve time for you. Therefore, any cancellations must be made *at least 24 hours in advance.* **If an appointment is missed or canceled with less than 24-hour notice, you will be charged a full fee for this time.** This is not billable to your insurance company, and is due prior to the time of your next appointment. If you are late to our session and there is another session scheduled after yours, you will be charged the full fee for the shortened session. Exceptions may be made for emergencies, sudden illness, and inclement weather. As e-mails and text messages may be delayed or fail to send, please be sure to cancel any appointments by phone.

Confidentiality: Information shared between you, as the client and me, as your treating psychotherapist is confidential and protected by law. Information cannot be disclosed without permission in writing from you or your parent/legal guardian if you are a minor. In some instances, the law may require me to disclose information without your consent. These provisions are described in the Notice of Privacy Practices, which I provide you.

If I believe you are of harm to yourself, or have the intent and/or plan to harm another person, I may legally break confidentiality to report this to the appropriate authorities. If I have good reason to believe you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must report this to the appropriate authorities. If you are between the ages of 16 and 18 and you tell me that you are having sex with someone more than five years old than you, or sex with a teacher or a coach, I must also report this. I would inform you before I took this action.

If you tell me of the behavior of another named health or mental health care provider and inform me that me that this person has either a. engaged in sexual contact with a patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board. I would inform you before taking this step. If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.

About Technology: In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me to maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I hold the following policies:

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. If you choose to text and email, rather than call, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment

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confirmations. Please **do not bring up any therapeutic content via text or email to prevent compromising your confidentiality**. If you use email to contact me, be aware that all emails are retained in logs of your and my Internet service providers. While unlikely that someone is looking at details in these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service providers. Please also be aware that I am required to keep a copy of all emails and texts as part of your clinical record.

Social Media - Facebook, LinkedIn, etc: This relates to how I conduct myself as a mental health professional on the Internet. I do not accept friend or contact requests from current or former clients on any social networking sites. Adding clients as friends on such sites could compromise your confidentiality and potentially blur the important boundaries defining our therapeutic relationship.

Legal Proceedings: If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your legal involvement might affect our work together. In the event that you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation I will be happy to assist you to find a provider that offers this service.

(Couples or Family Therapy) Legal Actions Against Each Other: When you enter into treatment with me, you agree not to involve me in legal proceedings or attempts to obtain records of treatment for legal proceedings when couple or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives.

Consent to Treatment:

I, voluntarily, agree for myself and/or my child (if applicable) to receive mental health assessment, care, treatment, or services and authorize the undersigned therapist to provide such care, treatment, or services as are considered necessary and advisable. If applicable, I understand and agree that I will participate in the planning of my child's care and that I may stop such care that I receive through the undersigned therapist at any time. By signing this Informed Consent form, I acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been given to me to ask questions and seek clarification of anything unclear to me.

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OFFICE POLICIES AND INFORMED CONSENT
SIGNATURE PAGE

Your signature below indicates that you have read and understand the therapy practice policies of Lauren Drago, MEd, LPC, LMHC and authorize Lauren Drago, MEd, LPC, LMHC to begin treatment with you or your child/guardian.

Date: _____

Signature of Client: _____

Name of Client (please type or print): _____

Name of Minor(s) (if applicable): _____

(For Minors) (Print) Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

I addressed your concerns or questions about this information and I feel satisfied that you understand the above policies of my therapy practice.

Lauren LaRusso Drago, MEd, LPC, LMHC, Therapist Date