

**Lauren Drago Therapy**  
Lauren LaRusso Drago, MEd, LPC, LMHC  
(914) 288-6552  
[laurendrago@gmail.com](mailto:laurendrago@gmail.com)  
NY License #: 006885-1

Notice of Privacy Practices of Lauren Drago, MEd, LPC, LMHC

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**Please review this notice carefully.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the ACA Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION:**

**For Treatment**

. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment. We may disclose PHI to any other consultant only with your authorization.

**For Health Care Operations**

. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g. billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law**

. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization**

. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable state law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations

.As a professional counselor licensed in this state, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization.

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Child Abuse or Neglect

. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect, as required by New York law.

Elder or Disabled Abuse or Neglect

. We may also disclose your PHI to a state agency that is authorized by law to receive reports concerning the abuse of an elderly person or disabled person, as required by New York law.

Abuse by a Mental Health Professional

. We may disclose your PHI to the appropriate licensing board in making a report of sexual abuse by a mental health professional, as required by New York law.

Judicial and Administrative Proceedings

. We may disclose your PHI pursuant to an attorney's subpoena (with your written consent), court order (with or without your consent), administrative order or similar process.

Deceased Patients

. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next of kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies

. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Law Enforcement

. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Public Safety

. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat (for example, the police), as permitted by New York law.

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With Authorization

. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which can be revoked at any time, except to the extent that we have already made use or disclosure based upon your authorization. The following times and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes

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which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

**Family Involvement in Care**

.We may disclose information to close family members or friends directly involved in your treatment only if you consent, or if necessary to prevent serious harm.

**Verbal Permission**

.We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission (for example, given over the phone), in lieu of written authorization.

**YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Lauren LaRusso Drago, MEd, LPC, LMHC:

**Right of Access to Inspect and Copy**

. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If you records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

**Right to Amend**

. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact Lauren Drago, MEd, LPC, LMHC if you have any questions.

**Right to an Accounting of Disclosures**

. You have the right to request an accounting of disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions**

. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations.

**Right to Request Confidential Communication**

. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. Because of the potential vulnerability of non-encrypted email communication, we do not initiate email communications with

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patients, and typically will only use email to set up initial appointments at the patient's request. Patients who email us agree to accept this potential risk.

Breach Notification

. If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice.

You have a right to a copy of this notice.

**COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing to Lauren LaRusso Drago, MEd, LPC, LMHC or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

**We will not retaliate against you for filing a complaint.**

The effective date of this notice is December 2016.