CDCC

CALVARY DE'ROSA
COUNSELING & CONSULTING

139B James Comeaux Rd, 807, Lafayette, LA 70508
Phone: (337) 205-2480 | Fax: (337) 252-1762 | info@calvaryderosa.com | www.calvaryderosa.com

Notice of Privacy Practices

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date of This Notice: June 24, 2026

This notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully.

My Pledge Regarding Health Information

In order to provide you with care, Calvary D. Sampson, LPC, NCC (your "Provider") must collect, create, and maintain health information about you, which includes any individually identifiable information related to your physical or mental health, healthcare received, or payment for your healthcare. Your Provider is obligated to maintain the privacy of this information and is required by law to provide you with this Notice.

Your Provider is also required by law to provide you with adequate notice of your rights and legal duties if records protected by 42 C.F.R. Part 2 (governing substance use disorder records) are created or maintained as part of your care.

I. How Provider Uses and Discloses Your Health Information

Your Provider protects your health information from inappropriate use and disclosure and will use and disclose it only for the following purposes:

1. Treatment, Payment, and Health Care Operations: To provide your care or treatment, obtain payment, and conduct health care operations, including care management, quality improvement activities, and resolving complaints.

If your records are protected under 42 C.F.R. Part 2, certain uses and disclosures otherwise permitted under HIPAA for treatment, payment, and health care operations are more strictly limited by these regulations. Information disclosed under these rules may also be subject to redisclosure restrictions and may no longer be protected once disclosed to a third party.

2. Without Your Consent or Authorization: As required by law, public health activities, victims of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, deceased individuals, organ or tissue donations, research, health or safety, specialized government functions, workers' compensation, individuals involved in your care, appointments, information and services, incidental uses and disclosures, and special treatment of certain records.

For records protected by 42 C.F.R. Part 2, such records, or testimony relaying their content, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a qualifying court order is issued in accordance with 42 C.F.R. Part 2.

II. Authorization for Other Uses and Disclosures

Certain uses and disclosures, including psychotherapy notes (where appropriate), for marketing purposes, and the sale of health information, will be made only with your written authorization. Your Provider will not use or disclose your health information for any purpose not specified in this Notice without your express written authorization.

Substance Use Disorder (SUD) Counseling Notes: If your Provider maintains SUD counseling notes (notes documenting the content of a substance use disorder counseling session), any use or disclosure of these notes requires your separate written authorization. This authorization cannot be combined with consent for the release of other types of records. You may revoke this authorization at any time, except to the extent your Provider has already acted on it in accordance with your initial authorization.

III. Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

1. Right to Inspect or Get a Copy of Your Medical Record.
2. Right to Request Changes to Your Medical Record.
3. Right to an Accounting of Disclosures, including, if applicable, the right to request an accounting of disclosures specifically related to records protected under 42 C.F.R. Part 2.
4. Right to Request Restrictions.
5. Right to Request Confidential Communications.
6. Right to Receive Notification of Breach.
7. Right to a Paper Copy of Notice.

IV. Right to File Complaints

If you believe your privacy rights have been violated, you may file a complaint with your Provider or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

V. Changes to This Notice

Your Provider may change the terms of this Notice at any time. If the terms are changed, the new terms will apply to all of your health information. Updates to the Notice will be provided to you, available upon request, in the office, and on the practice website.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of this Notice of Privacy Practices, and that you have read, understood, and agree to the items contained in this document.

Client Printed Name Date

Client Signature Date