



## 1. Notice of Privacy Practices (NPP) Effective 9/30/25

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### My Responsibilities

- a) I am required by law to keep your health information private and secure.
- b) I will notify you promptly if there is a breach that may have compromised your information.
- c) I follow the privacy practices described in this notice.
- d) I will not use or share your health information for purposes not described here unless you give me written authorization.
- e) As a standard and routine ethical practice, I will obtain your written authorization before sharing your protected health information. You can change your mind about an authorization at any time in writing. This applies to all portions of this document unless otherwise legally mandated.

### Your Rights

You have the right to:

**Get a copy of your health record:** You can request your health information in paper or electronic form. I will provide a copy or a summary, usually within 30 days. A reasonable cost-based fee may apply.

**Correct your health record:** You can ask me to correct information you believe is inaccurate or incomplete. I may deny your request but will provide a written explanation within 60 days.

Request confidential communication: You can ask me to contact you in a specific way (e.g., phone, email) or at a different address. I will accommodate all reasonable requests.

Ask me to limit what I use or share: You can request that I not use or share certain health information for treatment, payment, or operations. I am not required to agree if it would affect your care.

Paying Out-of-Pocket Option: If you pay in full for a service, you can request I do not share that information with your insurer for payment or operations purposes. I will agree unless required by law.

Get a list of disclosures: You can request a list of times I have shared your health information (excluding treatment, payment, operations, and disclosures you have authorized) for the past six years. One list per year is free; additional lists may have a cost-based fee.

Get a copy of this notice: You may request a paper copy at any time.

Choose someone to act for you: If you have a legal guardian or medical power of attorney, that person can exercise your rights. I will verify their authority before taking any action.

File a complaint: If you feel your privacy rights have been violated, you can contact me or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/ complaints/>.

I will not retaliate against you for filing a complaint.

#### Your Choices

You have choices about how I share certain information:

- a) Share with family, friends, or others involved in your care
- b) Share for disaster relief purposes

If you cannot express your preference (e.g., if you are unconscious), I may share information if I

believe it is in your best interest or to prevent serious imminent harm.

I never sell or use your information for marketing purposes.

#### How I Use and Share Your Health Information

I typically use and share your information in these ways:

##### 1. Treat you

I use your information to provide therapy and may share it with other professionals involved in your care.

Example: Coordinating care with a doctor to ensure therapy is safe and effective.

##### 2. Run my practice

I use information to operate my practice and improve care quality.

Example: Reviewing services to ensure effective therapy.

##### 3. Bill for your services

I use and share information to bill and receive payment from health plans or other payers.

Example: Providing session information to your health plan to process claims.

#### Other Situations Where I May Use or Share Your Information

##### 1. Public health and safety:

I may share information to protect health or safety, including:

a) Following mandated reporting guidelines in the state of California to report abuse or neglect

b) Preventing serious threats to anyone's health or safety

## 2. Required by law:

I must share information when required by federal, state, or local law, including with the Department of Health and Human Services.

## 3. Research:

I may use or share information for health research with proper legal protections.

## 4. Workers' compensation, law enforcement, and other government requests if mandated by law:

I may share information for:

a) Workers' compensation claims

b) Law enforcement or health oversight activities

c) Military, national security, or presidential protective services

## 5. Responding to lawsuits and legal actions:

I may share information in response to court orders, subpoenas, or other legal proceedings if mandated by law.

## 6. Working with coroners or medical examiners:

I may release information to identify a deceased person or determine cause of death if mandated by law.

## 7. Psychotherapy notes:

I will not share your psychotherapy notes without your written authorization, except as required by law.

Changes to this Notice:

I may change this notice and apply the updates to all information I have about you to stay in compliance with legal and ethical best practices. The updated notice will be available upon request and on my website at: <https://kristenhornung.com/forms/>

I serve as the privacy officer for my private practice and here is my contact information: Kristen Hornung, MA, PhD, LPCC#2071, Mailing address: 1819 Avenida Flores, Encinitas, CA, 92024, Phone: 619-202-1481, E-Mail Address: [Kristen@kristenhornung.com](mailto:Kristen@kristenhornung.com)