



## **1. Notice of Privacy Practices (NPP) Effective Date: 5/21/26**

**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 Legal Duties

I am required by law (HIPAA and California law, including the Confidentiality of Medical Information Act) to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms described in this notice
- Notify you in the event of a breach involving your unsecured PHI
- Use or disclose your information only as permitted or required by law

I may use or disclose your PHI without your written authorization for:

- Treatment
- Payment
- Health care operations (TPO)

For all other uses or disclosures not described in this notice, I will obtain your written authorization.

## How I May Use and Disclose Your Information

### 1. Treatment

I may use your information to provide, coordinate, or manage your care.

Example: Consulting with another provider involved in your treatment.

### 2. Payment

I may use and disclose information to obtain payment for services.

Example: Billing an insurance plan using only the minimum necessary information.

### 3. Health Care Operations

I may use information to operate and improve my practice.

Example: Administrative activities or quality review.

### Other Uses or Disclosures Without Authorization

I may disclose your information without your authorization in the following situations:

- Required by law (state or federal)
- Public health activities
- Abuse reporting (child, elder, or dependent adult)
- Serious threats to health or safety, including California duty to warn/protect (Tarasoff obligations)
- Health oversight activities (licensing, audits)
- Legal proceedings (court orders or lawful subpoenas)
- Law enforcement requests
- Workers' compensation claims

- Coroners or medical examiners
- National security or military requirements

## Clinical Documentation

I maintain progress notes as part of your clinical record. These notes document your treatment, symptoms, and progress and may be used or disclosed as permitted or required by law for treatment, payment, or health care operations.

## Your Rights

### 1. Right to Access Records

You may request a copy or summary of your health information in paper or electronic form.

-Provided within 30 days (with one permitted 30-day extension if needed)

-Reasonable cost-based fee may apply

### 2. Right to Request Amendments

You may request corrections to your record. I may deny your request but will provide a written explanation.

### 3. Right to Request Confidential Communication

You may request that I contact you in a specific way or location. I will accommodate reasonable requests.

### 4. Right to Request Restrictions

You may request limits on how your information is used or disclosed. I am not required to agree if it affects your care.

## 5. Right to Restrict Insurance Disclosure (Out-of-Pocket Payments)

If you pay in full for a service, you may request that I not share that information with your insurance plan. I will comply unless required by law.

## 6. Right to Accounting of Disclosures

You may request a list of certain disclosures made in the past 6 years, excluding treatment, payment, operations, and authorized disclosures.

-One request per year is free

-Additional requests may involve a reasonable fee

## 7. Right to Receive a Copy of This Notice

You may request a paper copy at any time.

## 8. Personal Representative

A legal guardian or medical power of attorney may exercise your rights once their authority is verified.

## Complaints

If you believe your privacy rights have been violated, you may:

-Contact me directly at 619-202-1481

-File a complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights

200 Independence Avenue SW, Washington, D.C. 20201

1-877-696-6775

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

You will not be retaliated against for filing a complaint.

Changes to This Notice I may change this Notice at any time. Updates will apply to all existing records and will be made available upon request and on my website.:

Privacy Officer Kristen Hornung, MA, PhD, LPCC #2071 Phone: 619-202-1481 Email:

Kristen@kristenhornung.com: