

FL Notice of Privacy Practices-2026

Notice of Privacy Practices (2026)

Moving Forward Therapy and Beyond

539 W. Commerce St #2164

Dallas, TX 75208 (mailing)

1317 Edgewater Dr #498

Orlando, FL 32804 (mailing)

Phone: 254-394-8212

Email: support@mftbeyond.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED, DISCLOSED, AND HOW YOU [THE CLIENT] CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your medical record contains personal information about your health. This information may identify you (the client) and relate to your past, present, or future physical or mental health condition and related health care services. This is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we (Moving Forward Therapy and Beyond or MFT Beyond) may use and disclose your PHI in accordance with applicable federal and Florida state laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Florida mental health privacy statutes. It also describes your rights regarding how you may access 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 updating your client portal, sending a copy to you in the mail upon request, or providing one at your next appointment.

How We May Use and Disclose Health Care Information About You:

For Care or Treatment

Your PHI may be used and disclosed to those involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with clinical supervisors or other team members. Your authorization is required to disclose PHI to any care provider not currently involved in your care.

Example: If another physician referred you to us, we may contact that physician to discuss your care. Likewise, if we refer you to another physician, we may contact that physician to discuss your care, or they may contact us.

Legal References:

- HIPAA Privacy Rule, 45 CFR §§ 164.500-164.534
- Florida Statutes Chapter 394 (Mental Health)
- Florida Statutes § 456.057 (Confidentiality of Patient Records)

For Payment

Your PHI may be used and disclosed to parties involved in payment for care or treatment. If you pay for your care completely out of pocket with no insurance use, you may restrict disclosure of your PHI for payment purposes.

Example: Your payer may require copies of your PHI during medical records requests, chart audits, or reviews.

Legal References:

- HIPAA Privacy Rule, 45 CFR §§ 164.500-164.534
- Florida Statutes Chapter 627 (Insurance)

For Business Operations

We may use or disclose your PHI to support business activities such as quality assessment, employee review, licensing, or arranging other business activities. We may also disclose PHI when providing appointment reminders or leaving messages about questions or test results.

Example: We may share your PHI with third parties performing business activities (e.g., accreditation or regulatory bodies) under written contracts requiring privacy safeguards.

Legal References:

- HIPAA Privacy Rule, 45 CFR §§ 164.500-164.534
- Florida Statutes § 456.057

Required by Law

We must disclose your PHI upon your request and to the Secretary of the Department of Health and Human Services for compliance investigations.

Legal References:

- HIPAA Privacy Rule, 45 CFR §§ 164.500-164.534
 - 42 U.S.C. § 1320d-5 (Enforcement of HIPAA)
 - Florida Statutes Chapter 119 (Public Records Law) – limited applicability to PHI
 - Florida Statutes Chapter 394
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Uses and Disclosures Without Authorization

Applicable law and ethical standards permit disclosure without your authorization only in limited situations, including:

- Required by law (e.g., mandatory reporting of child abuse or neglect within 24 hours as mandated by Federal law).
- Required by court order.
- To prevent or lessen a serious and imminent threat to health or safety.
- Verbal permission: We may disclose your information to family members involved in your care with your verbal consent.

Legal References:

- HIPAA Privacy Rule, 45 CFR §§ 164.512
 - Florida Statutes §§ 39.201 (Child Abuse Reporting)
 - Florida Statutes § 394.4593 (Emergency Services and Involuntary Examination)
 - Florida Statutes § 456.057
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Uses and Disclosures Requiring Your Authorization

Written authorization is required for uses and disclosures not otherwise permitted by law, including:

- Release of psychotherapy notes (except for treatment, supervision, legal defense, compliance investigations, or as required by law).
- Marketing purposes.
- Sale of PHI.

You may revoke your authorization at any time in writing.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.508
 - Florida Statutes § 456.057(7)
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Your Rights Regarding Your PHI

To exercise any of these rights, submit your request in writing to our Privacy Officer:

1. Right to Access, Inspect, and Copy

You may inspect and obtain a copy of your PHI used to make decisions about your care, except in limited circumstances.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.524
- Florida Statutes § 456.057

2. Right to Amend

You may request corrections to your PHI, though we are not required to agree.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.526

3. Right to an Accounting of Disclosures

You may request a list of disclosures of your PHI outside treatment, payment, or operations, or those made with your authorization.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.528

4. Right to Request Restrictions

You may request limits on uses or disclosures of your PHI. We are not required to agree but will consider your request.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.522

5. Right to Confidential Communications

You may request that we communicate with you in a specific way or at a specific location.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.522

6. Right to a Copy of This Notice

You may obtain a paper or electronic copy of this Notice at any time.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.520

7. Right to Request Restrictions for Out-of-Pocket Payments

You may request restrictions on disclosures to health plans if you paid out-of-pocket in full for a service.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.522(a)(1)(vi)

8. Right to Correct or Update PHI

You may request corrections to your PHI; we will respond within 60 days.

Legal References:

- HIPAA Privacy Rule, 45 CFR § 164.526

Website Privacy

Any personal information you provide via our website, including your email, will never be sold or rented without your express permission. We may share your contact information with third parties only for specific communications such as newsletters or surveys. Aggregate, non-identifiable demographic data may be shared with partners.

Our website may contain links to other sites; we are not responsible for their privacy practices.

Breaches

You will be notified immediately if a breach involving your PHI occurs.

Legal References:

- HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414
- Florida Statutes § 501.171 (Information Protection Act)

Complaints

You have the right to file complaints against any provider or our practice. We ask that you first bring concerns to your provider or our administrative team to attempt resolution. If unresolved, you may proceed with a formal complaint as outlined in our "FL Psychotherapy Informed Consent" document.

Our Pledge Regarding Health Information

We understand that your health information is personal and are committed to protecting it. We create records of care to provide quality services and comply with legal requirements. This notice applies to all records generated by this practice.

We are required by law to:

- Keep your PHI private.
 - Provide this notice of our legal duties and privacy practices.
 - Follow the terms of this notice currently in effect.
 - Provide annual HIPAA training for all providers and staff.
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Additional Florida-Specific Privacy Considerations for Mental Health

- Florida law provides additional protections for mental health records, including stricter consent requirements for disclosure.
- Certain disclosures require client consent except in emergencies or as mandated by law (e.g., imminent risk of harm, abuse reporting).
- Psychotherapy notes are given special protection under both HIPAA and Florida statutes.
- Clients have the right under Florida law to request restrictions and confidential communications consistent with HIPAA but may have additional rights under state law.

Legal References:

- Florida Statutes Chapter 394 (Mental Health)
 - Florida Statutes § 456.057
 - Florida Administrative Code Rule 64B4-3.001 (Mental Health Practice)
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Effective Date of This Notice: January 1, 2021

Last Updated: January 3, 2026

Acknowledgment of Receipt of Privacy Notice

Under HIPAA, you have rights regarding your PHI. By checking the box below, you acknowledge receipt of this Notice of Privacy Practices. You confirm that you have had a direct conversation with your provider, had the opportunity to ask questions, and that alternatives have been discussed in a language you understand.