

TX 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 Texas state laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Texas 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
- Texas Health & Safety Code, Chapter 611 (Mental Health Services Confidentiality)
- Texas Occupations Code, Chapter 159 (Confidentiality of Medical 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
- Texas Insurance Code, Title 8 (Health 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
- Texas Health & Safety Code, Chapter 611

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)
- Texas Health & Safety Code, Chapter 181 (Communicable Diseases)
- Texas Health & Safety Code, Chapter 611

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
- Texas Family Code, Chapter 261 (Child Abuse Reporting)
- Texas Health & Safety Code, Chapter 611
- Texas Health & Safety Code, Chapter 841 (Emergency Detention)

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
- Texas Health & Safety Code, Chapter 611

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
- Texas Health & Safety Code, Chapter 611

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 § 164.524

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
- Texas Business and Commerce Code, Chapter 521 (Identity Theft Enforcement and 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 "TX 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.

Additional Texas-Specific Privacy Considerations for Mental Health

- Texas 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 Texas statutes.
- Clients have the right under Texas law to request restrictions and confidential communications consistent with HIPAA but may have additional rights under state law.

Legal References:

- Texas Health & Safety Code, Chapter 611
- Texas Occupations Code, Chapter 159
- Texas Administrative Code, Title 22, Part 9 (Behavioral Health)

Notice of Privacy Practices - HIPAA and HB300

When you receive treatment or benefits from Moving Forward Therapy and Beyond, we receive, create, and maintain information about your health, treatment, and payment for services. We will not use or disclose your information without your written authorization (permission) except as described in this notice.

How We May Use and Disclose Your Health Information

We may use and disclose your health information without your authorization for treatment, payment, and health care operations. Examples include but are not limited to:

- Using or sharing your health information with other health care providers involved in your treatment or with a pharmacy that is filling your prescription.
- Using or sharing your health information with your health plan to obtain payment for services, or using your health information to determine your eligibility for government benefits in a health plan.
- Using or sharing your health information to run our business, to evaluate provider performance, to educate health professionals, or for general administrative activities.
- We may share your health information with our business associates who need the information to perform services on our behalf and agree to protect the privacy and security of your health information according to agency standards.
- We may use or share your health information without your authorization as authorized by law for our patient directory, to family or friends involved in your care, or to a disaster relief agency for purposes of notifying your

family or friends of your location and status in an emergency situation.

- We may use and disclose your health information without your authorization to contact you for the following activities, as permitted by law and agency policy: providing appointment reminders; describing or recommending treatment alternatives; providing information about health-related benefits and services that may be of interest to you; or fundraising.
- We may also use and disclose your health information without your authorization for the following purposes:
 - For public health activities such as reporting diseases, injuries, births or deaths to a public health authority authorized to receive this information, or to report medical device issues to the FDA;
 - To comply with workers compensation laws and similar programs;
 - To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if the agency reasonably believes you are a victim of abuse, neglect, or domestic violence we will make every effort to obtain your permission, however, in some cases we may be required or authorized to alert the authorities;
 - For health oversight activities such as audits, investigations, and inspections of Moving Forward Therapy and Beyond;
 - For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
 - To create or share de-identified or partially de-identified health information (limited data sets);
 - For judicial and administrative proceedings such as responding to a subpoena or other lawful order;
 - For law enforcement purposes such as identifying or locating a suspect or missing person;
 - To coroners, medical examiners, or funeral directors as needed for their jobs;
 - To organizations that handle organ, eye or tissue donation, procurement, or transplantation;
 - To avert a serious threat to health or public safety;
 - For specialized government functions such as military and veteran activities, national security and intelligence activities, and for other law enforcement custodial situations;
 - For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep information confidential; and
 - As otherwise required or permitted by local, state, or federal law.

Additional privacy protections under state or federal law apply to substance abuse information, mental health information, certain disease-related information, or genetic information. We will not use or share these types of information unless expressly authorized by law. We will not use or disclose genetic information for underwriting purposes.

We will always obtain your authorization to use or share your information for marketing purposes, to use or share your psychotherapy notes, if there is payment from a third party, or for any other disclosure not described in this notice or required by law. You have the right to cancel your authorization, except to the extent that we have taken action based on your authorization. You may cancel your authorization by writing to the privacy officer per below.

Your Privacy Rights

Although your health record is the property of Moving Forward Therapy and Beyond, you have the right to:

- Inspect and copy your health information, including lab reports, upon written request and subject to some exceptions. We may charge you a reasonable, cost-based fee for providing records as permitted by law.
- Receive confidential communications of your health information, such as requesting that we contact you at a certain address or phone number. You may be required to make the request in writing with a statement or explanation for the request.
- Request amendment of your health information in our records. All requests to amend health information must be made in writing and include a reason for the request.
- Request an accounting (a list) of certain disclosures of your health information that we make without your authorization. You have the right to receive one accounting free of charge in any twelve-month period.
- Request that we restrict how we use and disclose your health information for treatment, payment, and health care operations, or to your family and friends. We are not required to agree to your request, except when you

request that we not disclose information to your health plan about services for which you paid with your own money in full.

- Obtain a paper copy of this notice upon request.

You may make any of the above requests in writing to Moving Forward Therapy and Beyond or your current provider. You can reach MFT Beyond at (254) 394-8212 ext. 101 or by email at support@mftbeyond.com.

Our Duties

We are required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We must maintain the privacy of information that identifies you and notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. We will post revised notices on our public website at www.dshs.texas.gov and in waiting room areas. You may request a copy of the revised notice at the time of your next visit.

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.