

Becoming Our Best Self, LLC

NOTICE OF PRIVACY PRACTICES

For Clients Receiving Services in Florida, Louisiana, Alabama, and Texas

Email	LetsTalk@BecomingOurBestSelf.com
Phone	(954) 933-8002
Website	becomingourbestself.com
Effective Date	September 21, 2026

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

Becoming Our Best Self, LLC (the “Practice,” “we,” “us,” or “our”) provides behavioral and mental-health services, including psychotherapy provided by licensed clinical social workers.

We understand that information about your mental health and treatment is personal and sensitive. We are committed to protecting the privacy and security of your protected health information (“PHI”).

This Notice describes:

- How we may use and disclose your PHI;
- Your rights concerning your health information;
- Our legal responsibilities for protecting your PHI; and
- Additional confidentiality protections that may apply under federal or state law.

When applicable federal or state law provides greater privacy protection than HIPAA, we will follow the more protective applicable requirement.

YOUR RIGHTS

1. Get an Electronic or Paper Copy of Your Health Record

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information maintained about you in a designated record set.

We generally will provide access within the period required by applicable law.

We may charge a reasonable, cost-based fee when permitted by law.

Certain information may be subject to different access rules or may be withheld when permitted by applicable law. Psychotherapy notes, as specifically defined by HIPAA, are subject to separate access rules.

Additional state-specific rights or limitations may apply to mental-health records.

2. Ask Us to Correct Your Health Record

If you believe health information about you is incorrect or incomplete, you may ask us to amend or correct it.

We may deny a request when permitted by law. If we deny your request, we will provide a written explanation and information concerning any additional rights available to you as required by applicable law.

3. Request Confidential Communications

You may ask us to contact you in a particular way or at a particular location.

For example, you may request that we contact you only at a particular telephone number, email address, or mailing address.

We will accommodate reasonable requests as required by law.

Please notify us promptly if your contact information or communication preferences change.

4. Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or health-care operations.

We generally are not required to agree to every requested restriction.

If we agree to a restriction, we will follow it except as otherwise permitted or required by applicable law.

Services Paid Completely Out of Pocket

If you pay completely out of pocket for a health-care item or service and ask us not to disclose information concerning that item or service to your health plan for payment or health-care operations, we will honor the request when required by law unless another law requires the disclosure.

5. Receive an Accounting of Certain Disclosures

You may ask us for a list, known as an accounting of disclosures, showing certain disclosures of your PHI.

The accounting generally does not include disclosures for treatment, payment, or health-care operations and other disclosures excluded by law.

We will provide the accounting within the time required by applicable law.

The first accounting during the applicable period generally will be provided without charge. We may charge a reasonable, cost-based fee for additional requests when permitted by law.

6. Get a Copy of This Privacy Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive the Notice electronically.

The current Notice will also be available through the Practice's website and/or applicable electronic practice systems.

7. Choose Someone to Act for You

If another person has legal authority to act for you, that individual may exercise applicable privacy rights on your behalf.

Examples may include a legal guardian, health-care agent, or another legally authorized personal representative.

We may request documentation establishing that person's legal authority.

Special rules apply to minors and their parents, guardians, or other legal representatives.

8. File a Privacy Complaint

You may contact Becoming Our Best Self if you believe your privacy rights have been violated.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

We will not retaliate against you for filing a complaint or exercising a privacy right.

YOUR CHOICES

For certain health information, you may tell us your preferences about what information we share.

Family, Friends, Caregivers, and Others Involved in Your Care

You may tell us whether we may share relevant information with:

- A family member;
- A close friend;
- A caregiver;
- A person assisting with your care; or
- A person involved in payment for your care.

If you are unable to tell us your preference, such as during an emergency, we may disclose limited information when permitted by law and appropriate under the circumstances.

State mental-health confidentiality laws may impose additional restrictions.

Disaster Relief

When permitted by applicable law, we may share limited information with an authorized disaster-relief organization to assist with notifying family members or others responsible for your care about your location, condition, or circumstances.

Marketing, Sale of PHI, and Fundraising

We do not currently sell your protected health information or use it for fundraising. We will obtain your written authorization before using or disclosing PHI for marketing or sale when authorization is required by applicable law.

If our practices concerning fundraising, marketing, or sale of PHI materially change, we will revise this Notice as required by law.

Psychotherapy Notes

Most uses and disclosures of psychotherapy notes, as specifically defined by HIPAA, require your written authorization. Additional information about psychotherapy notes appears below.

HOW WE TYPICALLY USE OR DISCLOSE YOUR INFORMATION

Important State-Law Limitation: HIPAA may permit certain uses or disclosures for treatment, payment, or health-care operations without a HIPAA authorization; however, state mental-health confidentiality law may impose stricter requirements. Where applicable state law requires written consent or other legal authority, we will comply with that requirement before making the disclosure.

Treatment

We may use your PHI to provide, coordinate, or manage your treatment.

When permitted by applicable federal and state law, we may share relevant information with other health-care professionals involved in your treatment.

Health-Care Operations

We may use and disclose health information as permitted by law to operate the Practice and support the services we provide.

- Quality assessment;
- Compliance activities;
- Professional consultation;
- Credentialing;
- Auditing;

- Business administration;
- Training when legally appropriate; and
- Other lawful health-care operations.

Payment

We may use and disclose PHI as permitted by law to bill for and obtain payment for services.

This may include communicating with a health plan regarding:

- Eligibility;
- Benefits;
- Claims;
- Medical necessity;
- Prior authorization; or
- Payment.

Applicable mental-health confidentiality laws may impose additional restrictions.

BUSINESS ASSOCIATES

We may engage outside organizations or professionals to perform services for the Practice, including electronic health-record, telehealth, billing, technology, payment-processing, or administrative services.

When an organization qualifies as our business associate under HIPAA, it must appropriately protect PHI as required by law and by its agreement with us.

APPOINTMENT AND CARE COMMUNICATIONS

We may use your contact information to communicate with you regarding:

- Appointments;
- Scheduling;
- Treatment;
- Billing;
- Insurance;
- Health-care services; or
- Other matters related to your care.

Separate Practice documents may address your preferences and responsibilities concerning email, text messaging, patient portals, telehealth, and other electronic communications.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose health information without your written authorization when applicable federal or state law permits or requires us to do so.

Additional restrictions may apply to confidential mental-health information.

Public Health and Safety

When permitted or required by law, information may be disclosed for certain public-health or safety purposes, including circumstances involving:

- Reporting suspected abuse, neglect, exploitation, or domestic violence;
- Preventing or reducing a serious threat to health or safety;
- Public-health reporting;

- Certain regulatory or safety activities; or
- Other situations specifically authorized by law.

Abuse, Neglect, and Exploitation

Mental-health professionals are subject to mandatory-reporting and other reporting laws. We may disclose information when required or permitted by applicable law concerning suspected abuse, neglect, exploitation, or other legally reportable circumstances involving children, elderly persons, vulnerable adults, or other protected individuals.

Serious Threats to Health or Safety

We may disclose information when applicable law permits or requires disclosure to prevent, reduce, or address a serious threat to a person or the public.

Because these requirements differ among Florida, Louisiana, Alabama, and Texas, disclosures will be evaluated according to the law applicable to the particular circumstances.

Comply With the Law

We will disclose information about you when federal or state law requires us to do so.

This includes disclosures to the U.S. Department of Health and Human Services when necessary to determine whether we are complying with federal privacy law.

Health Oversight

We may disclose information to an authorized health-oversight agency for activities authorized by law, including certain:

- Audits;
- Investigations;
- Inspections;
- Licensing matters; or
- Disciplinary or regulatory proceedings.

Law Enforcement and Government Functions

We may disclose PHI for law-enforcement purposes or other government functions only when the disclosure is permitted or required by applicable law.

Additional protections may apply to mental-health records and confidential communications.

Judicial and Administrative Proceedings

We may disclose protected health information in connection with a judicial or administrative proceeding only when the disclosure is permitted or required by applicable federal and state law.

Mental-health records and confidential communications may be subject to protections beyond the general requirements of HIPAA.

We will evaluate legal demands for records under the law applicable to the particular records, client, provider, and proceeding.

Research

We may use or disclose PHI for research only when the requirements of applicable federal and state law have been satisfied.

Coroners, Medical Examiners, and Funeral Directors

We may disclose information to a coroner, medical examiner, or funeral director when permitted or required by applicable law.

Workers' Compensation

We may disclose information as authorized by and to the extent necessary to comply with applicable workers' compensation laws.

Organ and Tissue Donation

When applicable and permitted by law, health information may be disclosed to organizations involved in organ, eye, or tissue donation or transplantation.

Specialized Government Functions

When applicable and legally authorized, PHI may be used or disclosed for certain specialized government functions, including military, national-security, correctional, or protective-service activities.

ADDITIONAL PROTECTION FOR MENTAL-HEALTH INFORMATION

Because Becoming Our Best Self provides mental-health services through licensed clinical social workers, your treatment information may receive privacy protections beyond HIPAA.

The law applicable to a particular disclosure may depend upon your location, your provider's license, the nature of the information, and the reason for the requested disclosure.

FLORIDA

Communications between a client and a professional licensed or certified under Florida Chapter 491, including licensed clinical social workers, are confidential.

Such communications may be disclosed or the privilege waived only in circumstances authorized or required by applicable Florida and federal law.

Florida law contains specific requirements and permissions concerning disclosure when a client communicates a qualifying threat of serious bodily injury or death. When the statutory requirements are met, the Practice will make disclosures required by Florida law and may make other disclosures authorized by law.

We will apply Florida's additional confidentiality requirements when Florida law governs the information.

LOUISIANA

Louisiana law protects information obtained by a social worker from a person consulting the social worker in a professional capacity when the information was necessary to provide services.

Such information generally will not be disclosed without appropriate written consent unless an exception or disclosure requirement established by Louisiana or federal law applies.

Louisiana law includes specific provisions addressing certain safety concerns, crimes or harmful acts, proceedings involving allegations against the social worker, matters involving children or vulnerable persons, and other circumstances established by law.

ALABAMA

Alabama professional standards require social workers to respect client privacy and hold information obtained in the course of professional services in confidence except as required by law.

Without client consent, confidential information will be shared only for compelling professional reasons or as otherwise required by applicable law. Personally identifying records will be released only as permitted under applicable Alabama and federal law.

Alabama professional standards also require social workers to take precautions to protect confidential information transmitted through computers, electronic mail, telephones, voicemail, social media, and other electronic or computer technologies.

TEXAS

Texas law provides additional confidentiality protections for communications between a patient and a mental-health professional and for records concerning the identity, diagnosis, evaluation, or treatment of a patient's mental or emotional condition.

Such information will be disclosed only in circumstances authorized or required by applicable Texas and federal law.

Access to Texas Mental-Health Records

Texas clients may have additional rights concerning access to confidential mental-health records. If access to a portion of a record is denied under Texas law because release is determined to be harmful to the patient's physical, mental, or emotional health, the Practice will provide the documentation, reconsideration, and alternative access required by applicable Texas law.

Electronic Records in Texas

When applicable Texas law requires a shorter response period for access to an electronic health record, the Practice will comply with that requirement. For example, when Texas Health & Safety Code §181.102 applies and our electronic health-record system is capable of fulfilling the request, Texas law generally requires provision of the requested electronic record no later than the 15th business day after receipt of a written request, unless another permitted form is agreed upon.

MORE-PROTECTIVE LAWS

When applicable federal or state law provides greater privacy protection than HIPAA, Becoming Our Best Self will follow the more protective applicable requirement.

PSYCHOTHERAPY NOTES

HIPAA provides additional protection to psychotherapy notes, as that term is specifically defined under federal law. Psychotherapy notes are not the same as the ordinary clinical record.

If we create or maintain psychotherapy notes as specifically defined by HIPAA, most uses and disclosures of those notes require your written authorization except where applicable law permits or requires otherwise.

SUBSTANCE-USE-DISORDER PATIENT RECORDS

To the extent Becoming Our Best Self creates or maintains substance-use-disorder patient records protected by 42 CFR Part 2, additional federal confidentiality protections apply.

Information from such records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless the requirements of applicable federal law, including applicable consent or court-process requirements, are satisfied.

This provision does not mean that Becoming Our Best Self operates a substance-use-disorder treatment program.

WRITTEN AUTHORIZATIONS

For uses or disclosures requiring authorization, we will obtain a valid written authorization from you or your legally authorized representative.

An authorization is different from your acknowledgment that you received this Notice.

When permitted by applicable law, you may revoke an authorization in writing. A revocation generally does not affect actions already taken in reliance upon the authorization before the revocation was received.

MINORS AND PERSONAL REPRESENTATIVES

Parents, guardians, and other legally authorized representatives may have rights concerning a minor client's health information.

Those rights depend upon HIPAA and applicable state law, including laws addressing:

- Who may consent to treatment;
- When a minor may independently consent;
- Parent or guardian access to treatment information;
- Legal custody;
- Personal-representative status; and
- Circumstances in which access or disclosure may be limited or prohibited.

Because these laws vary among Florida, Louisiana, Alabama, and Texas, Becoming Our Best Self will determine access and disclosure rights based on the law applicable to the particular client and circumstances.

Additional information concerning treatment of minors, parent/guardian involvement, custody, and adolescent confidentiality is addressed in separate Practice consent documents.

TELEHEALTH AND ELECTRONIC HEALTH INFORMATION

Becoming Our Best Self provides services through telehealth.

PHI may therefore be created, transmitted, stored, received, or accessed electronically through systems used for:

- Treatment;
- Telehealth;
- Scheduling;
- Electronic health records;
- Billing;
- Electronic signatures;
- Patient communications; and
- Practice administration.

We will use administrative, technical, and physical safeguards required by applicable law to protect electronic PHI.

Telehealth informed consent, emergency procedures, communication preferences, and risks associated with electronic communication are addressed in separate Practice documents.

BREACH NOTIFICATION

We are required by law to maintain the privacy and security of your protected health information.

If a breach occurs that may have compromised the privacy or security of information and notification is required by law, we will provide the required notification.

OUR RESPONSIBILITIES

Becoming Our Best Self is required to:

BECOMING OUR BEST SELF | NOTICE OF PRIVACY PRACTICES

- Maintain the privacy and security of your PHI as required by law;
- Provide you with notice of our legal duties and privacy practices;
- Follow the duties and privacy practices described in the Notice currently in effect;
- Provide or make this Notice available as required by law;
- Notify affected individuals following a breach when notification is required;
- Apply applicable additional federal and state confidentiality protections;
- Respect your applicable privacy rights; and
- Refrain from retaliating against you for filing a privacy complaint or exercising a privacy right.

We will not use or disclose your PHI other than as described in this Notice or otherwise permitted or required by applicable law unless you authorize us to do so in writing.

If you give us written authorization, you may revoke that authorization as permitted by law.

CHANGES TO THIS NOTICE

We may change the terms of this Notice and our privacy practices as permitted by law.

Changes may apply to PHI we already maintain as well as PHI created or received in the future.

When the Notice is materially revised, the revised Notice will be made available as required by law.

The current Notice will be available upon request and will be prominently posted or otherwise made available through the Practice's website when required.

QUESTIONS, PRIVACY REQUESTS, OR COMPLAINTS

To ask a question about this Notice, exercise a privacy right, request access or amendment of your records, request an accounting, or make a privacy complaint, contact:

Practice	Becoming Our Best Self, LLC
Privacy Contact	Privacy Officer
Email	LetsTalk@BecomingOurBestSelf.com
Phone	(954) 933-8002

Website: becomingourbestself.com

You may also file a HIPAA privacy complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Becoming Our Best Self, LLC will not retaliate against you for filing a complaint or exercising any privacy right.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below through SimplePractice, I acknowledge that I received or was provided electronic access to Becoming Our Best Self, LLC's Notice of Privacy Practices.

I understand that my electronic signature confirms receipt of this Notice only.

My signature does not constitute a separate authorization for the use or disclosure of my protected health information, does not waive any privacy right, and does not indicate agreement with every use or disclosure described in this Notice.

I understand that:

- I may request a paper or electronic copy of this Notice;
- I may ask questions about the Notice;
- I may exercise the privacy rights described in the Notice; and
- Signing this acknowledgment does not waive any privacy right available to me under applicable law.