# UNCHAINED BRAIN LLC

*Denise Carballea, Psy.D. | Florida License No. PY 12377*

# NOTICE OF PRIVACY PRACTICES

Effective Date: September 24, 2026

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**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.**

## OUR COMMITMENT TO YOUR PRIVACY

Unchained Brain LLC, the private practice of Denise Carballea, Psy.D. ("the Practice," "we," or "us"), is required by law to maintain the privacy of your protected health information, to provide you with this Notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect. Protected health information ("PHI") is information that identifies you and relates to your mental or physical health, the care provided to you, or payment for that care.

Because we provide mental health services, your information is also protected by Florida law, including the psychotherapist-patient privilege, and in some cases those protections are stronger than federal law. Where that is so, we follow the more protective standard.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

### For Treatment

We use your health information to provide and coordinate your care. For example, we document your sessions and evaluations and, where you have authorized it, share information with other providers involved in your care.

### For Payment

We use and disclose your health information to bill and obtain payment for services. This may include sharing information with your insurer or a third-party billing service that supports our practice operations. Any such billing service that handles your information does so under a written agreement requiring it to protect your information.

### For Health Care Operations

We use your health information to run the practice, such as scheduling, quality review, and administrative functions. We use an electronic health record and telehealth platform, and other service providers that support our operations, each of which is bound by a written agreement to safeguard your information.

### Use of Technology and AI-Assisted Documentation

We use secure, HIPAA-compliant technology to deliver telehealth services and maintain your records. We may also use an artificial-intelligence documentation tool within our electronic health record system to assist in preparing clinical notes. When used, this tool helps generate a draft note that the clinician reviews and edits before it becomes part of your record. Any vendor providing this technology does so under a written agreement requiring it to protect your information. We obtain your consent for the use of AI-assisted documentation as described in your Informed Consent.

### Disclosures Required or Permitted by Law

We may use or disclose your health information without your authorization in limited circumstances permitted or required by law, including:

- When required by federal, state, or local law.
- To prevent harm where you communicate a specific threat of serious bodily injury or death to an identified or readily available person and, in our clinical judgment, you have the apparent intent and ability to imminently or immediately carry it out. In those circumstances, Florida law permits disclosure to the potential victim and requires disclosure to a law enforcement agency to the extent necessary.
- To report suspected abuse, neglect, or exploitation of a child or vulnerable adult, as required by law.
- In response to a court order, or a subpoena or other lawful process when the applicable notice and legal requirements are met.
- For health oversight activities, or to the appropriate licensing authority as required by law.
- For workers' compensation or similar programs, to the extent authorized by and necessary to comply with the law.

### Substance Use Disorder Records

To the extent that we receive or maintain any of your substance use disorder treatment records that are protected under the federal regulations at 42 CFR Part 2, those records, and any testimony relaying their content, will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless you have given written consent or a court order is entered after you or the holder of the records has been given notice and an opportunity to be heard. Any such court order authorizing the use or disclosure of these records must be accompanied by a subpoena or other legal requirement compelling disclosure before the records are used or disclosed.

### Uses and Disclosures That Require Your Authorization

Other uses and disclosures of your information will be made only with your written authorization. This includes most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and any sale of your information. You may revoke an authorization in writing at any time, and the revocation will apply going forward except to the extent we have already acted in reliance on it.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

### Right to Access and Obtain a Copy

You have the right to inspect and obtain a copy of your health information. To request access or a copy, contact the Practice through the patient portal or the contact information at the end of this Notice. We will respond within the time required by law, and no later than thirty (30) days of your request. Your right of access is subject to the limitations and exceptions permitted by applicable federal and Florida law. Where the law permits, or if you agree to receive a summary instead, we may provide a treatment summary in place of the full record. The release of your records is not conditioned on payment of any outstanding balance for services; we may charge only the reasonable cost of copying records or preparing a summary.

### Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you have the right to request that we amend it. To request an amendment, submit your request in writing to the Privacy Officer through the patient portal or the contact information below, and include the information you believe should be corrected and the reason. We will respond within sixty (60) days. If we grant your request, we will amend the record and notify you. If we deny your request, we will explain the reason in writing, and you have the right to submit a written statement of disagreement that will be kept with your record. We may deny a request in limited circumstances, such as where the information was not created by us or is determined to be accurate and complete.

### Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information, other than disclosures for treatment, payment, health care operations, and certain other exceptions. To request an accounting, contact the Privacy Officer.

### Right to Request Restrictions

You have the right to request a restriction on how we use or disclose your information for treatment, payment, or health care operations. We are not required to agree to every requested restriction, but if we do agree, we will honor it except in an emergency. If you pay in full out of pocket for a specific service, you may request that we not disclose information about that service to your health plan, and we will honor that request as required by law.

### Right to Confidential Communications

You have the right to request that we communicate with you in a specific way or at a specific location, such as by a particular phone number or email address. We will accommodate reasonable requests.

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

### Right to Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured health information.

## HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Practice. To do so, submit your complaint in writing to the Privacy Officer through the patient portal or the contact information below. We will not retaliate against you for filing a complaint.

You may also 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, by calling 1-877-696-6775, or by visiting **www.hhs.gov/ocr/privacy/hipaa/complaints**.

## PRIVACY OFFICER AND CONTACT INFORMATION

The Practice’s designated Privacy Officer is Denise Carballea, Psy.D. You may contact the Privacy Officer with any question about this Notice or to exercise any of your rights.

**Unchained Brain LLC**

Attn: Privacy Officer
Telephone: _____
Email: _____
Patient Portal: _____

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised Notice effective for information we already have as well as information we receive in the future. The current Notice will be posted and available at the Practice, and its effective date will appear at the top. You may request a copy of the current Notice at any time.

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## ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of Unchained Brain LLC's Notice of Privacy Practices.

_____
Patient Signature

_____
Patient Name (Print)

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Date