

# NOTICE OF PRIVACY PRACTICES

**Metanoia Therapy and Wellness, LLC**

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

You may have additional rights under state and local law. If you have questions regarding your rights to health care information, you may wish to seek legal counsel from an attorney licensed in the State of Rhode Island.

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## EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on: **January 30th, 2026**

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## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), you have certain rights regarding the use and disclosure of your protected health information (“PHI”).

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## I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting your health information. I create and maintain records of the care and services you receive from Metanoia Therapy and Wellness, LLC. This notice applies to all records of your care generated by this practice.

This notice describes how I may use and disclose your PHI, your rights regarding your PHI, and my legal duties regarding your PHI.

I am required by law to:

- Maintain the privacy of your PHI

- Provide you with this Notice of Privacy Practices
- Follow the terms of this notice

I reserve the right to change the terms of this Notice. Any changes will apply to all PHI I maintain. The updated Notice will be available upon request, in my office, and on my website.

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## **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

### **For Treatment, Payment, and Health Care Operations**

I may use or disclose your PHI without your written authorization to provide, coordinate, or manage your treatment; to obtain payment for services; and to conduct health care operations.

Examples include:

- Consulting with other licensed health care providers
- Submitting claims to insurance
- Sending appointment reminders and billing statements

Disclosures for treatment purposes are not limited to the minimum necessary standard.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or legal proceeding, I may disclose PHI in response to a court or administrative order or subpoena, consistent with applicable law.

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## **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

### **Psychotherapy Notes**

I do keep psychotherapy notes as defined by federal law. I will not use or disclose psychotherapy notes without your written authorization except for:

- My own treatment of you
- Training or supervision of mental health practitioners
- Defense in legal proceedings brought by you
- Health oversight activities required by law

- To prevent a serious threat to health or safety

### **Marketing**

I will not use or disclose your PHI for marketing purposes without your written authorization.

### **Sale of PHI**

I will not sell your PHI.

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## **IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

Subject to legal requirements, I may use or disclose your PHI without authorization for:

- Appointment reminders and treatment alternatives
  - When required by state or federal law
  - Public health and safety activities
  - Health oversight activities
  - Judicial and administrative proceedings
  - Law enforcement purposes
  - Coroners or medical examiners
  - Research (when permitted by law)
  - Specialized government functions
  - Workers' compensation claims
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## **V. USES AND DISCLOSURES REQUIRING OPPORTUNITY TO OBJECT**

You may choose whether I share your PHI with family members, friends, or others involved in your care or payment for your care. You may revoke this permission at any time.

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## **VI. YOUR RIGHTS REGARDING YOUR PHI**

You have the right to:

- Request restrictions on certain uses and disclosures
- Request confidential communications
- Inspect and obtain a copy of your record
- Request corrections or amendments
- Receive an accounting of disclosures
- Obtain a paper or electronic copy of this Notice
- Appoint a personal representative
- Revoke authorizations
- File a complaint

To file a complaint, contact:

Metanoia Therapy and Wellness, LLC  
401-360-6083  
jhayes@metanoiatherapy.life

Or:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20201  
Phone: (877) 696-6775  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

You will not be retaliated against for filing a complaint.

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## VII. CHANGES TO THIS NOTICE

I may change this Notice at any time. Updated versions will be available upon request, in my office, and on my website.