

Notice of Privacy Practices

Tamara M. Wirth, LLC · 103 E. 6th St., Suite 101, Ames, Iowa 50010 · 515-337-2872 · Effective November 1, 2026

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 duties

We are required by law to keep your health information private, give you this notice of our legal duties and privacy practices, follow the notice currently in effect, and tell you if a breach compromises the privacy or security of your information. This notice applies to all records created by clinicians at Tamara M. Wirth, LLC.

How we use and share your information

Treatment. We use your information to provide your care and may share it with others involved in it. For example, your therapist may consult with another licensed provider or with a clinical supervisor.

Payment. We use and share information to get paid. For example, we send your diagnosis and dates of service to your insurance company.

Health care operations. We use information to run the practice. For example, we use an electronic health record and other vendors, who must protect your information under written agreements.

Other sharing allowed by law. We may also share information without your permission when the law allows or requires it, including:

- To comply with state or federal law
- To report suspected abuse or neglect of a child or dependent adult
- To prevent a serious threat to someone's health or safety
- For public health activities
- For health oversight, such as audits and licensing investigations
- In response to a court order, or to a subpoena when you have been notified or a protective order has been sought
- For law enforcement purposes, as the law allows
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation requests
- For research that meets privacy law requirements
- For workers' compensation claims
- For specialized government functions, such as military, national security, and correctional institutions

Iowa law gives mental health information extra protection. When Iowa law is stricter than federal law, we follow Iowa law.

Family and others involved in your care. We may share information with a family member, friend, or other person you name who is involved in your care or in paying for it, unless you object. In an emergency, we may share it and ask you afterward.

Substance use disorder records. Some records we receive from substance use treatment programs are protected by federal law (42 CFR Part 2). We use and share those records only with your written consent or as that law allows, which is stricter than the rules described above. Once shared with your consent, the recipient may share them again, and they may no longer be protected by federal privacy law. Substance use disorder counseling notes need your separate written authorization. These records, or testimony about what they contain, will not be used or shared in any civil, criminal, administrative, or legislative proceeding against you unless you give specific written consent or a court orders it under that law. You may ask for a list of disclosures of these records.

Uses that need your written permission

We need your written authorization to:

- Share psychotherapy notes, if your therapist keeps them, except in limited cases the law allows
- Use your information for marketing
- Sell your information

Any other use not described in this notice also needs your written authorization. You may revoke an authorization in writing at any time, except for what we have already done in reliance on it.

Your rights

You have the right to:

- **See or get a copy of your record**, on paper or electronically. Psychotherapy notes are not included. We may charge a reasonable, cost-based fee.
- **Ask us to correct your record.** We may say no, but we will tell you why in writing.
- **Ask us to contact you in a certain way** or at a certain address. We will agree to reasonable requests.
- **Ask us to limit what we use or share.** We do not have to agree. But if you pay for a service in full out of pocket and ask us not to share information about it with your health plan, we will agree unless the law requires us to share it.
- **Get a list of disclosures** we have made in the past six years, other than for treatment, payment, health care operations, or disclosures you authorized.
- **Get a paper copy of this notice** at any time, even if you agreed to get it electronically.

Changes to this notice

We may change this notice, and the changes will apply to all information we have about you.

The current notice is available on request, in our office, and on our website.

Questions and complaints

If you have questions, or believe your privacy rights have been violated, contact our Privacy Officer, Tami Wirth Hunter, at 515-337-2872 or twirththerapy@hushmail.com.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201; 1-877-696-6775; or hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Acknowledgment of receipt

By signing, I acknowledge that I received a copy of this Notice of Privacy Practices.

- Client or parent/guardian signature and date