



Notice of Privacy Practices (HIPAA) Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices for Bethany Butler Myers LLC. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Bethany Butler Myers at 816-895-2264.

Signature of Client

Date

Signature of Parent/Guardian

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date