



Bethany Butler Myers, LCSW
Release of Confidential Records Information

Client Name: _____

Parents (if applicable): _____

Address: _____

Phone: _____

Date of Birth: _____

Social Security Number: _____

I give my permission to Bethany Butler Myers, LCSW at 222 W. Gregory Blvd., Suite 310, Kansas City, MO 64114, 816-895-2264, to discuss mental health services received with:

Please, document any exceptions to this release.

Verbal discussion for case consultation only

This authorization will expire with the termination of mental health services.

Client

Date

Provider

Date

Parent or Guardian if minor

Date