

Bethany Butler Myers, LSCSW, LCSW
222 W Gregory Blvd., Ste. 310
Kansas City, MO 64114

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

Name (Client A) : _____ **DOB:** _____

Name (Client B) : _____ **DOB:** _____

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 or via email at bethany@bbmtherapy.com.

Signature (Client A) : _____ **Date:** _____

Signature (Client B) : _____ **Date:** _____