

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

Release of Information

Client Name: _____ Phone Number: _____

I give my permission to Bethany Butler Myers, LSCSW and the provider listed below to have communication about mental health and/or medical services.

Name of provider and/or practice: _____

Phone number of provider: _____

Please note any exceptions to this release:

This authorization will expire with the termination of mental health services or at the request of the client.

Client Signature

Date

Partner's Signature **if relevant to couples therapy

Date