



Barton County Health Department

1301 E. 12th Street – Lamar, MO 64759
(417) 682-3363 FAX: (417) 682-5548

CLIENT DATA VERIFICATION

Last Name: _____ First Name: _____

Gender: Male Female DOB: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

(If Client is Under 18 years of age)

Parent/Guardian Name: _____ Relationship: _____

Emergency Contact Person: _____ **Phone:** _____

PLEASE BRING CURRENT, ACTIVE INSURANCE CARDS TO THE APPOINTMENT

I acknowledge that I have been offered the opportunity to read the Barton County Health Department’s (BCHD) Notice of Privacy (HIPAA). I agree that I am seeking services voluntarily without coercion and I verify that I am not required to participate in any program with the BCHD to receive services. I understand that the BCHD participates in the Title X program and minors may be able to authorize services independently. I am authorizing BCHD to submit claims for reimbursement to them on my behalf and I authorize the release of records necessary to act on this request.

Signature: _____ **Date:** _____