

Date: _____

In accordance with Federal Standards we are now required to obtain Race and Ethnicity on our patients.

Patient Name: _____

DOB: _____ Primary Language: _____

Section 1: Ethnicity Non-Hispanic Hispanic

Section 2: Race What is your racial background?

- American Indian or Alaska Native.** A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
- Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I **DECLINE** to disclose this information.

I **CHOOSE** to disclose this information.

Signature _____