

## **Attention Patient:**

As part of patient registration, our staff is now required to ask each patient about preferred language, race and ethnicity. The federal government is directing medical providers to gather this information, which will be used to help improve the quality of healthcare among all patients.

This process is part of the American Recovery and Reinvestment Act (ARRA) of 2009. The information collected is to be used only for future healthcare reform.

Thank you for your understanding and assistance in this matter.

Ethnicity relates to cultural factors such as nationality, culture, ancestry, language and beliefs.

Race, on the other hand, refers to a person's physical appearance, such as skin color, eye color, hair color and bone/jaw structure, etc.

Please indicate your <i>preferred language</i>						
Patient Name Date of B		th				
Please choose from the following <b>Ethnicity</b> options:						
Not Hispanic or Latino (ie. White)	Central American	Cuban	Dominican			
Hispanic or Latino/Spanish	Latin American/Latin, Latino	Mexican				
Puerto Rican	South American	Spaniard				

## Please choose from the following Race options:

White	African	African American	Alaska Native	American Indian
Arab	Asian Indian	Asian	Bahamian	Bangladeshi
Barbadian	Bhutanese	Black	Burmese	Cambodian
Chinese	Dominica Islander	Dominican	European	Filipino
Haitian	Hmong	Indonesian	lwo Jiman	Jamaican
Japanese	Korean	Laotian	Madagascar	Malaysian
Maldivian	Melanesian	Micronesian	Middle Eastern	or North African
Native Hawaiian Other Pac		Other Pacific Islan	der	Nepalese
Okinawan	Pakistani	Polynesian	Singaporean	Sri Lankan
Taiwanese	Thai	Tobagoan	Trinidadian	Vietnamese
West Indian	า	Other Race	D-DDM/DDM/Earma/DDM/Dationt Posint	ration Forms\Race & Ethnicity Form 092812

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