
(Name)

(Signature)

Dear Patients,

Your medical provider is participating in a government program that encourages the adoption of electronic health records. This technology will lead to reduced health care costs but it will also improve the quality of your care and our ability to communicate with you, our patients.

As part of this program, the government requires us to record the following demographic information about you:

► Preferred Language ► Race ► Ethnicity

The U.S. Centers for Disease Control and Prevention (CDC) provides the options for the race and ethnicity fields that match the data collection standards defined by the U.S. Office of Management and Budget (OMB) and the U.S. Bureau of the Census (BC). We maintain secure records and assure you that this information will remain confidential.

You can help us by reviewing the list of options below and providing your race and ethnicity information during registration or check-in. If you do not wish to provide this information, you may simply decline.

Thank you for your assistance!

THE CHRIST HOSPITAL ORTHOPAEDIC ASSOCIATES

Language: ☐ English ☐ Other ☐ Declined

Please identify your Race from the following CDC-defined options:

<input type="checkbox"/> African	<input type="checkbox"/> Black or African	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Okinawan
<input type="checkbox"/> African American	<input type="checkbox"/> American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Burmese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Race
<input type="checkbox"/> American Indian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Caucasian / White	<input type="checkbox"/> Madagascar	<input type="checkbox"/> Polynesian
<input type="checkbox"/> Arab	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Singaporean
<input type="checkbox"/> Asian	<input type="checkbox"/> Dominica Islander	<input type="checkbox"/> Maldivian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Dominican	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Bahamian	<input type="checkbox"/> European	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Thai
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Filipino	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Tobagoan
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Haitian	<input type="checkbox"/> or North African	<input type="checkbox"/> Trinidadian
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Native Hawaiian or	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black	<input type="checkbox"/> Indonesian	<input type="checkbox"/> other Pacific Islander	<input type="checkbox"/> West Indian
	<input type="checkbox"/> Iwo Jiman	<input type="checkbox"/> Nepalese	<input type="checkbox"/> DECLINED

Please identify your Ethnicity from the following CDC-defined options:

<input type="checkbox"/> Central American	<input type="checkbox"/> Hispanic or Latino/	<input type="checkbox"/> Mexican	<input type="checkbox"/> South American
<input type="checkbox"/> Cuban	<input type="checkbox"/> Spanish	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Dominican	<input type="checkbox"/> Latin American/	<input type="checkbox"/> or Latino	
	<input type="checkbox"/> Latin, Latino	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> DECLINED