Patient Race and Ethnicity Data Form

Department of Health (DOH) requires hospitals to collect race and ethnicity information from all patients. When we share information with the DOH (as required), the data is "de-identified," so your name and other sensitive information is not included in our submission. The only other people who may see your information are members of your care team or others who are authorized to review your medical record. Racial and ethnic backgrounds may place people at different risks for certain diseases. By knowing more about your racial and ethnic background, we are better able to meet your health needs.

Please review the selections below and select the race and ethnicity that best describes you.

RACE DESCRIPTION	
I	AMERICAN INDIAN OR ALASKA NATIVE
SEE BELOW	ASIAN
SEE BELOW	BLACK
SEE BELOW	NATIVE HAWAIIAN OR PACIFIC ISLANDER
W	WHITE
O	OTHER
U	UNKNOWN

ETHNICITY DESCRIPTION	
SEE BELOW	SPANISH/HISPANIC/LATINO ORIGIN
N	NOT SPANISH/HISPANIC/LATINO
U	UNKNOWN

SPANISH/HISPANIC/LATINO ORIGIN
(Please Select One Option Below)

ASIAN (Please Select One Option Below)	BLACK (Please Select One Option Below)	NATIVE HAWAIIAN OR PACIFIC ISLANDER (Please Select One Option Below)

Other:
Other:
Other:
Other:

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