

Dear Patient:

As our federal government continues to identify the use of electronic health records (EHR) as a priority for medical practices, it has also created an initiative to ensure “meaningful use” of these EHR. The ultimate goal of an EHR that exemplifies meaningful use is to enable significant and measurable improvements in public health through a transformed healthcare delivery system, according to the Meaningful Use Work Group of the Health IT Policy Committee. One of the many components of meaningful use is to record all of the following demographics: (a) preferred language; (b) gender; (c) race; (d) ethnicity; and (e) date of birth.

In an effort to help us meet this component requirement, please complete the following:

Print Name: _____ **Date of Birth:** _____

Race:

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Island |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Decline |

Ethnic Group:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Andalusian | <input type="checkbox"/> Argentinean | <input type="checkbox"/> Asturian |
| <input type="checkbox"/> Belearic Islander | <input type="checkbox"/> Bolivian | <input type="checkbox"/> Canal Zone | <input type="checkbox"/> Canarian |
| <input type="checkbox"/> Central American Indian | <input type="checkbox"/> Central American | <input type="checkbox"/> Chicano | <input type="checkbox"/> Chilean |
| <input type="checkbox"/> Columbian | <input type="checkbox"/> Criollo | <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Gallego | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Honduran |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> La Raza | <input type="checkbox"/> Latin American | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Mexican American Indian | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Mexicano | <input type="checkbox"/> Nicaraguan |
| <input type="checkbox"/> Panamanian | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> South American Indian | <input type="checkbox"/> South American | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Spanish Basque | <input type="checkbox"/> Uruguan | <input type="checkbox"/> Valencian | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Decline | | | |

Preferred Language:

- | | | | | |
|-----------------------------------|---------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> German |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |

This information will be recorded in your chart and will be provided in required governmental reporting. The information will not be used in determining, authorizing or denying medical treatment.

Thank you for your assistance in helping our office meet these compliance requirements.

Warmest regards,

Adam A. Brunson, MD

Lindsay Summer, ARNP

Melissa James, ARNP