

CONSULTING OPHTHALMOLOGISTS, P.C.
499 FARMINGTON AVENUE, SUITE 100
FARMINGTON, CT 06032
704 HEBRON AVENUE, SUITE 200
GLASTONBURY, CT 06033
(860)678-0202

Patient Name: _____
 Last Name First Name Middle Initial

Date of Birth: _____ **Birth State:** _____

GENDER (please circle one): Male Female

PRIMARY LANGUAGE (please circle one):

English Spanish Other (indicate) _____

ETHNICITY (please circle one):

- American Indian/Alaskan
- Asian
- Black/African American
- Native Hawaiian
- White
- Other
- Decline to Answer

RACE: (please circle one):

- Hispanic or Latino
- NOT Hispanic or Latino
- Unknown
- Decline to Answer

WHY ARE WE ASKING ABOUT RACE, ETHNICITY AND PREFERRED LANGUAGE?

The federal government has required that doctors demonstrate “meaningful use” of their electronic health record by collecting and entering specific demographic data.

We are required to ask Preferred Language, Gender, Race and Ethnicity and Date of Birth. The responses have also been specified by the government; therefore we have listed them on the forms exactly as the government has stated them.

Rationale: Data on disparities of care, especially in areas with a very diverse population and/or specific population health indicators, are critical for the government in its effort to address those disparities and improve the health care system for all Americans. The specific race and ethnicity codes should follow the current federal standards published by the Office of Management and Budget (OMB). Although the rule requires that the listed demographic elements be captured for each unique patient, it is certainly within the patient’s right to decline to answer or not know the information. Preferred language captures a patient preference only; there is no requirement for the provider to actually communicate to the patient in that preferred language.

Thank you for assisting us in complying with this mandate.

Signature _____ **Date:** _____