Ethnicity and Race Questions

BACKGROUND INFORMATION

The Centers of Medicare and Medicaid Services rules require South Alamo Medical Group to collect information on the race/ethnicity backgrounds of our patients for Meaningful Use (§170.314(a)(3) Demographics).

We are required to ask patients to identify their own race and ethnic backgrounds.

QUESTIONS

Question #1 Nationality or Ethnic Background

You identify yourself as:

☐ Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
☐ Not Hispanic/Latino
☐ Refuse to answer this question/Decline

Question #2 Race

You identify yourself as:

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other Race
☐ Refuse to answer this question/Decline

Name: _______________________________

Date: _______________________________

Signature: ___________________________