Dear Patient,

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and The Commission to End Health Care Disparities have come together to ensure that all patients get the best care possible. We must collect Race and Ethnicity data in order to improve your PHR (Personal Health Record) and our EMR (Electronic Medical Records). In order to comply with these guidelines, we would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and ensure that everyone receives the highest quality of care.

________________________________________  ________________________
Print Name                              Date

**Ethnicity Question**

*Do you consider yourself Hispanic or Latino?*

- Yes
- No
- Declined
- Unavailable/Unknown

**Race Question**

*Which category best describes your race?*

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White or Caucasian
- Other
- Hispanic/Latino (Please specify)
- Declined
- Unavailable/Unknown

**Language Question**

*In which language would you feel most comfortable reading medical or health care instructions?*