Dear Patients,

Dr Terzian is participating in a government program that encourages the adoption of electronic health records. This technology will lead to reduced health care costs but it will also improve the quality of your care and our ability to communicate with you, our patients.

As part of this program, the government requires us to record the following demographic information about you:

☐ Preferred language ☐ Race ☐ Ethnicity

The U.S. Centers for Disease Control and Prevention (CDC) provides the options for the race and ethnicity fields that match the data collection standards defined by the U.S. Office of Management and Budget (OMB) and the U.S. Bureau of the Census (BC). We maintain secure records and assure you that this information will remain confidential.

You can help us by reviewing the list of options below and providing your race and ethnicity information during registration or check-in. If you do not wish to provide this information, you may simply decline.

Please identify your Race from the following CDC-defined options:

☐ African	☐ Dominican	☐ Native Hawaiian or Other Pacific Islander
☐ African American	☐ European	☐ Nepalese
☐ Alaska Native	☐ Fillipino	☐ Okinawan
☐ American Indian	☐ Haitian	☐ Other Pacific Islander
☐ American Indian or Alaska Native	☐ Hmong	☐ Other Race
☐ Arab	☐ Indonesian	☐ Pakistani
☐ Asian	☐ Iwo Jiman	☐ Polynesian
☐ Asian Indian	☐ Jamaican	☐ Singaporean
☐ Bahamian	☐ Japanese	☐ Sri Lankan
☐ Bangladeshi	☐ Korean	☐ Taiwanese
☐ Barbadian	☐ Laotian	☐ Thai
☐ Bhutanese	☐ Madagascar	☐ Tobagoan
☐ Black	☐ Malaysian	☐ Trinidadian
☐ Black or African American	☐ Maldivian	☐ Vietnamese
☐ Burmese	☐ Melanesian	☐ West Indian
☐ Cambodian	☐ Micronesian	☐ White
☐ Chinese	☐ Middle Eastern or North African	
☐ Dominica Islander		

Please identify your Ethnicity from the following CDC-defined options:

☐ Central American	☐ Latin American/Latin,Latino	☐ South American
☐ Cuban	☐ Mexican	☐ Spaniard
☐ Dominican	☐ Not Hispanic or Latino	
☐ Hispanic or Latino/Spanish	☐ Puerto Rican	

Please identify your Preferred Language: _____

Patient Name (please print): _____

You may decline completing this form – please write your name on the line above and circle: DECLINED