## \* NOTICE TO PATIENT\$ \*

Please note: As a result of new government regulations, all patients will be asked to identify their race and ethnicity as well as preferred language. This information is important to your doctor as some medical conditions may be common amongst certain racial or ethnic backgrounds. St. Joseph Heritage Healthcare is dedicated to improving the overall quality of health care and we thank you for providing the information requested below.

You may go to the CMS website at <u>www.cms.gov</u> for any questions regarding this new requirement.

Definitions of choices under <u>Ethnicity</u> and <u>Race</u> as given by the Office of Statewide Health Planning and Development (OSHPD)

## <u>LANGUAGE</u>

PLEASE LIST YOUR PRIMARY LANGUAGE:

(i.e. English, Spanish, Vietnamese, etc)

## **ETHNICITY**

*HISPANIC OR LATINO* – A person who identifies with Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin.

NOT HISPANIC OR LATINO

DECLINE TO ANSWER

## RACE

*AMERICAN INDIAN / ALASKAN NATIVE* – A person having origins in any of the original peoples of North America and maintains cultural identification through tribal affiliation or community recognition.

ASIAN – A person having origins in any of the original oriental peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, and the Philippine Islands.

BLACK / AFRICAN AMERICAN – A person having origins in or who identifies with any of the black racial groups of Africa.

HAWAIIAN / PACIFIC ISLANDER – A person having origins in any of the original peoples of the Pacific Islands or Samoa.

*WHITE* – A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

DECLINE TO ANSWER