



Patient Race and Ethnicity Data Form

Department of Health (DOH) requires hospitals to collect race and ethnicity information from all patients. When we share information with the DOH (as required), the data is "de-identified," so your name and other sensitive information is not included in our submission. The only other people who may see your information are members of your care team or others who are authorized to review your medical record. Racial and ethnic backgrounds may place people at different risks for certain diseases. By knowing more about your racial and ethnic background, we are better able to meet your health needs.

Please review the selections below and select the race and ethnicity that best describes you.

RACE DESCRIPTION	
I	AMERICAN INDIAN OR ALASKA NATIVE
SEE BELOW	ASIAN
SEE BELOW	BLACK
SEE BELOW	NATIVE HAWAIIAN OR PACIFIC ISLANDER
W	WHITE
O	OTHER
U	UNKNOWN

ETHNICITY DESCRIPTION	
SEE BELOW	SPANISH/HISPANIC/LATINO ORIGIN
N	NOT SPANISH/HISPANIC/LATINO
U	UNKNOWN

SPANISH/HISPANIC/LATINO ORIGIN (Please Select One Option Below)	
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1	Andalusian
2	Argentinean
3	Asturian
4	Balearic Islander
5	Bolivian
6	Canal Zone
7	Canarian
8	Castilian
9	Catalonian
10	Central American
11	Central American Indian
12	Chicano
13	Chilean
14	Colombian
15	Costa Rican
16	Criollo
17	Cuban
18	Dominican
19	Ecuadorian
20	Gallego
21	Guatemalan
22	Honduran
23	La Raza
24	Latin American
25	Mexican
26	Mexican American
27	Mexican American Indian
28	Mexicano
29	Nicaraguan
30	Panamanian
31	Paraguayan
32	Peruvian
33	Puerto Rican
34	Salvadoran
35	South American
36	South American Indian
37	Spaniard
38	Spanish Basque
39	Uruguayan
40	Valencian

ASIAN (Please Select One Option Below)	BLACK (Please Select One Option Below)	NATIVE HAWAIIAN OR PACIFIC ISLANDER (Please Select One Option Below)
AA	BA	PA
AB	BB	PB
AC	BC	PC
AD	BD	PD
AE	BE	PE
AF	BF	PF
AG	BG	PG
AH	BH	PH
AY	BJ	P1
AJ	BK	PJ
AK	BM	PK
AL	BN	PL
AM	BO	PM
AO	BP	PN
AP	BQ	PP
AQ	BR	PQ
AR	AN	PR
AZ	BS	PS
AT	BT	PT
AU	BU	PU
AV	BV	PV
AW	BW	PW
AX	BX	PX
	BY	PY
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	B2	Other Pacific Islander
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