simpsoneye

Patient Name:_____ Patient Acct #:_____

Dear Patient: We are in the beginning stages of implementing a new electronic medical records (EMR) system that is now required by federal law. We take patient confidentiality very seriously. New Federal regulations regarding healthcare now require us to gather information that may be reported to the federal government at their request. The information that we are gathering will never be shared with any other organization or entity unless required by Federal regulation or mandate.

Please assist us in gathering this required information:

1. What Ethnicity do you consider yourself (patient) to be part of?

- ❑ Hispanic or Latino
- ❑ Non-Hispanic or Non-Latino
- ❑ Declined To Answer

2. What Race do you consider yourself (patient) to be part of?

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Declined To Answer

3. What language is your primary preferred language?

- ❑ English
- ❑ French
- ❑ Italian
- ❑ Japanese
- ❑ Portuguese
- ❑ Russian
- ❑ Spanish
- ❑ Declined to Answer

4. What is the name and location of your primary choice for a retail pharmacy (i.e. At what pharmacy do you choose to fill your prescriptions?)

Name:_____

Street:_____ City:_____

Secondary (Mail Order):_____

5. What was the key reason(s) you chose our Practice for your eye care needs?

- ◯ Family/Friend Referral Name:_____
- ◯ Physician Referral Name:_____
- ◯ Reputation/Experience of Doctor
- ◯ Practice Website
- ◯ Online Doctor Review
- ◯ Social Media
- ◯ Availability of Latest Eye care Technology
- ◯ Print Advertisement
- ◯ Facility/Office Location
- ◯ Presentation/Wellness Fair/etc.
- ◯ Other _____