

Pacific Women's Center

Physicians and Surgeons

In order to comply with the new Health Care Mandates, Pacific Women's Center is *required* to collect the following information.

It is intended to be a major step in enhancing the ability to monitor health care processes and outcomes for different population groups, target quality initiatives more efficiently and effectively, and provide patient-centered care.

NAME (Please Print) _____ **DOB** _____

RACE:

- American Indian or Alaska Native
- Asian
- Native Hawaiian
- Black or African American
- White
- Hispanic or Latin
- Pacific Islander
- Refused

ETHNICITY: (choose only one)

- Hispanic or Latin
- Non-Hispanic
- Refused

PREFERRED LANGUAGE: (choose only one)

- English
- Indian (Includes Hindi & Tamil)
- Spanish
- Korean
- Other _____

- **EMAIL:** _____
- *Appointment reminders are sent 2 days in advance via SMS and Voice mail.**

(Patient Portal: To provide patients with secured access to our office and their medical records.)

****Lab results, notification and patient education will be reported and sent via the patient portal and a notification will be sent to your email listing.**