

Race and Ethnicity Patient Self-Identification Ambulatory Surgery

Please mark clearly

Hospitals and other healthcare facilities are required by law to provide the California Office of Statewide Health Planning and Development (OSHPD) with information regarding the race and ethnicity of their patient population. (California Health and Safety Code Division 107, Part 5, Sections 128735, 128736, and 128737.) The data will be used for health projects including diagnostic research, identification and correction of disparities in healthcare access and outcomes, management of healthcare delivery and public health programs, quality of care, healthcare trends, and supporting informed decisions. Individually identifiable patient information is protected and encrypted within the State system.

Each patient's **self-reporting** of their Ethnicity and Race supports integrity and quality of demographic data. When the patient is not capable of providing information, the patient's family member or guardian shall complete this information.

Mark one selection in each box.

STEP 1: Choose one Ethnicity category:

HISPANIC or LATINO

NON-HISPANIC or NON-LATINO

STEP 2: Choose one Race category:

AMERICAN INDIAN or ALASKA NATIVE

ASIAN

BLACK or AFRICAN AMERICAN

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

WHITE

OTHER - Any race not covered in the above categories.

Patients who identify with more than one race may choose to mark 'Other' or one of the other categories above.