Forest Hills Pediatrics
Patient Registration

Child 1: Last Name:_____ First Name: _____ MI: _____
DOB: ____/____/____ Sex: _____   Primary Language: _____
Ethnicity: Hispanic/Non-Hispanic/Unknown   Race: Asian/Black/ Hawaiian/White

Child 2: Last Name:_____ First Name: _____ MI: _____
DOB: ____/____/____ Sex: _____   Primary Language: _____
Ethnicity: Hispanic/Non-Hispanic/Unknown   Race: Asian/Black/ Hawaiian/White

Child 3: Last Name:_____ First Name: _____ MI: _____
DOB: ____/____/____ Sex: _____   Primary Language: _____
Ethnicity: Hispanic/Non-Hispanic/Unknown   Race: Asian/Black/ Hawaiian/White

Mailing Address:

_____
    (Street or PO Box)   (City)   (State & Zip)

Home Phone: (____) _____-_____
Who lives at this household? _____

Insurance Information:

Primary Policy: Policy Holder's Name: _____
                Policy Holder's Birth Date: _____ Policy Holder's Sex: M / F
                Insurance Carrier: _____
                ID #: _____ Group #: _____

Secondary Policy: Policy Holder's Name: _____
                Policy Holder's Birth Date: _____ Policy Holder's Sex: M / F
                Insurance Carrier: _____
                ID #: _____ Group #: _____

Contact 1:   Name: _____ Relationship to patient: _____
            Lives with patient? Yes/No Date of Birth: ___/___/____ SSN: _____
            Work Phone (___) ____ - ____   Cell Phone: (____) ____- ____
            Home Email: _____ Work Email: _____
            Employer: _____ Occupation: _____

How would you ideally prefer to be contacted regarding (circle one):

Medical Issues: Home Phone / Work Phone / Cell Phone / Home Email
Appointment Reminders: Home Phone / Work Phone / Cell Phone / Home Email
Recall Notices: Home Address / Home Phone / Work Phone / Cell Phone / Home Email
Billing Statements: Home Address / Home Email / Work Email
General Practice Notices: Home Address / Home Phone / Cell Phone / Home Email
Patient Portal Notifications: Cell Phone / Home Email / Work Email

Contact 2: Name: _____ Relationship to patient: _____
Lives with patient? Yes/No Date of Birth: ____/____/_____ SSN: _____
Work Phone (____) _____ - _____   Cell Phone: (_____) _____- _____
Home Email: _____ Work Email: _____
Employer: _____ Occupation: _____

If this contact will need to be notified in addition to Contact 1 for Medical Issues, Appointment Reminders, Recall Notices, Billing Statements, General Practice Notices and Portal Notifications list their preferences here: _____
_____

Additional Contact Questions:

Who should receive billing statements? _____
May all contacts have access to the patient's records electronically? Yes / No

_____

If parents are divorced or separated please fill out this section:

Who has custody? _____
Are there legal restrictions that would restrict non-custodial parent from consenting to medical treatments for the child or from obtaining information about the child's medical treatment? Yes / No

If Yes, please explain and provide a copy of any legal paperwork that supports this restriction.
_____

Emergency Contacts, other than parents:

Name	Relationship	Phone
_____	_____	(_____) _____ - _____
_____	_____	(_____) _____ - _____

Dear Forest Hills Pediatrics Patient/Family,

Many patients have asked why we are collecting more demographic information this year. Our motivation is reflective of nationwide initiatives to improve patient care. As always, we are obligated by HIPPA privacy laws to use this private information for internal purposes only and not share with other entities unless it is integral to the delivery of your healthcare or if we have explicitly received your permission to share.

It is voluntary on your part to provide answers to these questions. If you maintain your own information on our patient portal, simply choose a response that indicates you prefer not to answer. It is important for us to distinguish between patients whom we did not give the opportunity to answer the questions, versus those who chose not to provide a response.

Q. Why are we asking about race and ethnicity?

A. Many studies demonstrate disparities in the delivery of healthcare to different racial and ethnic groups. Programs across the country are looking to address these gaps in care. This can only be done if we have a better knowledge of where these inequalities exist.

Some race/ethnicities are more vulnerable to certain diseases, and identifying those patients can help us improve care. For example, in the recent year there was a national shortage of vaccine for Haemophilus Influenza Type b (Hib). We reserved the limited supply for those who were most vulnerable, which included some specific ethnic groups.

Q. Where did the categories of race and ethnicity come from?

A. The categories for race and ethnicity are based on standards published in the Federal Register and are mandated by Medicare/Medicaid "Meaningful Use" rules. This is very similar to the information you may have reported in a U.S. Census survey. We understand that you may feel these categories do not apply to you, or may not be reflective of how you identify yourself, but we are required to follow these regulations without exception.

Q. Why are you asking about preferred language?

A. We know sometimes medical information gets lost in translation between patients and medical staff. The first step in addressing any potential problem is to identify what languages are preferred by our patients and parents.

Q. Why are you asking about contact preferences?

A. As technology advances, we know that patients have different preferences in how they would like to receive various kinds of information from our practice. The first step towards making improvements in patient communication is to collect preferences.

Q. I heard the government is involved in all of this. Is this true? Is my personal information safe?

A. The American Recovery and Reinvestment Act (ARRA) earmarked substantial money for physicians and health care systems to adopt electronic health record technology. As part of this program, practices that receive funding are mandated to collect certain information, including those outlined above. This information

will be reported <u>without</u> personal identifying information. For Example, we may report what percentage of our patients "self declare" a certain race, ethnicity or preferred language—but not a list of exactly which patients are in each group. Only we will have access to the information that links a specific answer with you personally.

We believe this information allows us to provide better care, so we have chosen to collect it for those purposes.

Thank you for all your assistance and please bring additional questions to the attention to our staff.