Race and Ethnicity Patient Self-Identification
For use on and after January 1, 2019

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. A family member or guardian shall complete this information when the patient is not capable.

Mark one selection in the Ethnicity box and up to five selections in the Race box.

**STEP 1: Choose one Ethnicity category:**

- [ ] HISPANIC or LATINO
- [ ] NON HISPANIC or LATINO

**STEP 2: Choose up to FIVE Race categories:**

- [ ] 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.

Rev. May 2018