

**UROLOGICAL
ASSOCIATES OF
SOUTHERN
ARIZONA PC**

As required by law, we must collect patient data on race, ethnicity and language. This landmark initiative will help your physician provide more consistent preventive medicine, more effective chronic disease management, and better coordination of care across providers. Please complete the questions below. The confidentiality of the information you provide is protected under federal privacy laws.

We appreciate your cooperation.

What is your race?

- Alaska Native
- American Indian
- Asian
- Black or African American
- Caucasian
- Greek
- Hispanic
- Indian
- Multiracial
- Native Hawaiian or Other Pacific Islander
- Other Race
- Unknown/Not reported

What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

What primary language do you speak?

- English
- Spanish
- Other, Please list _____

Decline to report:

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PRINT NAME: _____

DOB: _____