

**MEANINGFUL USE QUESTIONNAIRE**

We collect this information from all of our patients and use it to track quality of care. This information goes into your medical record and it is confidential.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Gender:**     Male         Female         I decline to answer this question.

**Race:**         White/Caucasian         American Indian/Alaska Native     Asian  
 Black/African American     Native Hawaiian/Pacific Islander  
 Other \_\_\_\_\_

I decline to answer the question above.

**Ethnicity:**     Hispanic or Latino         Non-Hispanic or Latino  
 Other \_\_\_\_\_

I decline to answer the question above.

**Language:**     English     Spanish     French     Russian     Italian  
 Dutch         Portuguese         Other \_\_\_\_\_

I decline to answer the question above.

*What is Meaningful Use?*

The Federal government requires us to capture this information to improve health outcomes in the following areas:

- Improve the quality of care, efficiencies, and safety in treating patients
- Reduce health disparities
- Engage patients and families
- Improve care coordination
- Improve population and public health
- Guarantee adequate privacy and security protection of PHI

**Staff Initials:** \_\_\_\_\_