



**Cocheco Neurology**

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**Meaningful Use**

We are not required to collect Race, Ethnicity, and Language by the Centers for Medicare and Medicaid Services (CMS). If you prefer not to report that information, you may decline.

(Please check one in each category that applies)

Ethnicity	Race	Primary Language	Secondary Language
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Decline	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> None <input type="checkbox"/> Decline

\_\_\_\_\_  
Signature of Patient or Guardian (if Minor)

\_\_\_\_\_  
Date