



INTERVENTIONAL CARDIOLOGY MEDICAL GROUP, INC.

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Voluntary Personal Records

As per mandate from Center for Medicare and Medicaid Services (CMS), we have implemented a voluntary personal records response. This is designed to improve the documentation and coordination of your care. CMS is asking that we collect information regarding race, ethnicity, and preferred language. Please assist by completing this form and returning to our staff.

Which category best describes your race:

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian / Other Pacific Islander
- White
- Other: _____
- Decline to answer
- Unknown / Unavailable

Do you consider yourself Hispanic / Latino?

- Yes
- No
- Decline to answer
- Unknown/ Unavailable

What language are you most comfortable speaking?

- | | | | | |
|-------------|--------------|-------------|--------------------------|--------------|
| __English | __Arabic | __Armenian | __American Sign Language | |
| __Cantonese | __Chinese | __Danish | __Dutch | __Farsi |
| __Finnish | __French | __Hindu | __German | __Greek |
| __Hebrew | __Hungarian | __Italian | __Japanese | __Korean |
| __Lao | __Madri | __Mandarian | __Polish | __Portuguese |
| __Punjabi | __Russian | __Spanish | __Taglog | __Thai |
| __Turkish | __Vietnamese | | | |