

**BERKSHIRE HEALTH SYSTEMS  
DEMOGRAPHIC PROFILE AND PRIVACY PRACTICES**

PATIENT NAME \_\_\_\_\_ PATIENT NUMBER \_\_\_\_\_

**(1) FEDERAL AND STATE LAW REQUIRES THAT WE COLLECT THIS DEMOGRAPHIC INFORMATION AND REPORT IT IN TABULATED FORM, WITHOUT ANY PATIENT IDENTIFYING INFORMATION:**

**LANGUAGE** (Primary Spoken at Home)

- Arabic
- Cambodian
- Chinese
- English
- French
- German
- Italian
- Japanese
- Russian
- Sign Language
- Spanish
- Vietnamese
- Other
- Need Interpreter? \_\_\_\_\_

**RACE** (May indicate up to 3)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Caucasian/White
- Hispanic/Latino/Spanish
- Native Hawaiian or Pacific Islander
- Other

**ETHNICITY** (May indicate up to 3)

- African
- African American
- American
- Asian
- Asian Indian
- Brazilian
- Cambodian
- Cape Verdean
- Caribbean Island
- Central American (not specified)
- Chinese
- Columbian
- Cuban
- Dominican
- Eastern European
- European
- Filipino
- Guatemalan
- Haitian
- Honduran
- Japanese
- Korean
- Laotian
- Mexican/Mexican American/Chicano
- Middle Eastern
- Portuguese
- Puerto Rican
- Russian
- Salvadoran
- South American (not specified)
- Vietnamese
- Other

**(2) AT BERKSHIRE HEALTH SYSTEMS, WE ARE COMMITTED TO THE HOLISTIC CARE OF PATIENTS, PART OF WHICH IS SPIRITUAL CARE. PLEASE INDICATE YOUR PREFERENCES:**

**RELIGION**

- American Methodist/Episcopal
- Assembly of God
- Bahai'
- Buddhist
- Baptist
- Catholic
- Christian (Non-Specific)
- Christian Science
- Congregational
- Episcopal
- Hindu
- Jehovah Witness
- Jewish
- Lutheran
- Methodist
- Mormon
- Muslim
- No Religion/Preference
- Orthodox
- Other Religion
- Pentacostal
- Protestant
- Quaker
- Salvation Army
- Seventh Day Adventist
- Unitarian/Universalist
- Unknown

PARISH/CHURCH/TEMPLE/PLACE OF WORSHIP \_\_\_\_\_  
(include name,city,and state)

**(3) FEDERAL LAW REQUIRES THAT WE PROVIDE YOU WITH A COPY OF OUR NOTICE OF PRIVACY PRACTICES AND OBTAIN AN ACKNOWLEDGEMENT:**

**PRIVACY PRACTICES**

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

If signed by Legal Representative, relationship to: \_\_\_\_\_

If unable to obtain signature, reason: \_\_\_\_\_