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ADDITIONAL PATIENT INFORMATION

Dear Patient:

The Department of Administrative Services, Office for Oregon Health Policy and Research requires ambulatory surgical facilities to report the following additional patient data as per ORS 414.021:

“(2) "Ambulatory surgery data" means the consolidation of complete billing, medical, and personal information describing a patient, the services received, and charges billed for a surgical or diagnostic procedure treatment in a hospital outpatient setting or an ambulatory surgical facility setting into a data record.”

We appreciate your help in compliance with the above Oregon Revised Statute. Please put a check mark (✓) or circle the information that applies to you. This additional information as your other personal information is covered by the HIPAA Privacy Rule. Thank you.

CODE	RACE DESIGNATION
R1	American Indian or Alaska Native
R2	Asian
R3	Black or African American
R4	Native Hawaiian or Pacific Islander
R5	White
R7	Patient Refused
R8	Unknown
R9	Other
CODE	ETHNICITY DESIGNATION
E1	Hispanic or Latino
E2	Non-Hispanic or Latino Ethnicity
E8	Patient Refused
E9	Unknown