



## DEMOGRAPHIC INFORMATION REQUIRED BY ACA

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Race *(Please check the most appropriate selection)*

White  African American/Black  American Indian  Asian

Hispanic  Native Hawaiian  Other \_\_\_\_\_

Ethnicity *(Please check the most appropriate selection)*

Hispanic/Latino  Non-Hispanic/Latino

Preferred Language \_\_\_\_\_

Pharmacy of choice \_\_\_\_\_ Pharmacy Phone # \_\_\_\_\_

Pharmacy Address \_\_\_\_\_ City \_\_\_\_\_

The ACA (Obama Care) requires all Medical practices to allow patients electronic access to their information. In order to comply we are required to obtain a specific log in and password for every patient and their representative. Please list your desired log in and password within the parameters of the system requirements.

### PATIENT

Log in \_\_\_\_\_

*(minimum of 7 characters with at least one capital letter and a lower case letter and number in any combination)*

Password \_\_\_\_\_

*(minimum of 7 characters with at least one capital letter and a lower case letter and number in any combination)*

### PATIENT REPRESENTATIVE – Must differ from above

Log in \_\_\_\_\_

*(minimum of 7 characters with at least one capital letter and a lower case letter and number in any combination)*

Password \_\_\_\_\_

*(minimum of 7 characters with at least one capital letter and a lower case letter and number in any combination)*