

RACE/ETHNICITY/LANGUAGE FORM

Health facilities are required by law to provide the Office of Statewide Health Planning and Development (OSHPD) with information regarding the race and ethnicity of their patient population. If you have any questions call or write to the agency below:

MIRCal Hotline

Telephone: (916) 326-3920

Fax: (916) 327-1262

Email: MIRCal@oshpd.ca.gov

MIRCal

Patient Data Section

Healthcare Information Division

Office of Statewide Health Planning
and Development

400 R Street, Suite 270

Sacramento, CA 95811-6213

RACE (Select One)

- R1 AMERICAN INDIAN
OR ALASKA NATIVE
- R2 ASIAN
- R3 BLACK OR AFRICAN
AMERICAN
- R4 HAWIIAN OR PACIFIC
ISLANDER
- R5 WHITE
- R9 OTHER RACE
- 99 UNKNOWN

ETHNICITY (Select One)

- E1 HISPANIC OR LATINO
- E2 NON-HISPANIC OR
NON-LATINO
- 99 UNKNOWN

PRINCIPAL LANGUAGE SPOKEN (Select One)

- ENG English
- ARA Arabic
- ARM Armenian
- CHI Chinese
- FRE French
- CPF French Creole
- GER German
- GRE Greek
- GUJ Guarathi
- HEB Hebrew
- HIN Hindi
- HUN Hungarian
- ITA Italian
- JPN Japanese
- KOR Korean
- LAO Laotian
- HMN Miao, Hmong
- KHM Mon-Khmer,
Cambodian
- NAV Navajo
- PER Persian
- POL Polish
- POR Portuguese
- RUS Russian
- SCR Serbo-Croatian
- SPA Spanish
- TGL Tagalog
- THA Thai
- URD Urdu
- VIE Vietnamese
- YID Yiddish
- 999 Unknown
- OTHER _____