

MCLAREN NORTHERN MICHIGAN RACE, ETHNICITY, LANGUAGE SURVEY

McLaren Health Care Corporation, through its subsidiaries, will be Michigan's best value in health care as defined by quality outcomes and cost.

Patients are the reason we exist. We are committed to excellence in patient care and strive for innovation and continuous improvement of our services and facilities.

You can help us by providing information about your race, your ethnic background, and language preference. This information will help us improve quality of care to our patients and the community.

We are committed to protecting your privacy and the information you provide in this survey will be protected.

You may also choose not to participate in the survey.

Please check all that apply:

What category best describes your ethnicity; ethnicity is defined as your cultural identification.

- Hispanic/Latino Origin Choose not to answer
 Non Hispanic/Non Latino Origin

Other Please list _____

What category best describes your race?

- African American/Black Choose not to answer
 American Indian or Alaskan Native
 Asian
 Native Hawaiian or Other Pacific Islander
 White

Other Please list _____

What language do you feel most comfortable speaking with your doctor or nurse?

- English Sign language
 Choose not to answer _____ American Sign Language
 Other _____ CA
_____ RT
_____ C print
_____ Tactile
_____ Oral

In what language should written information be provided to you?

- English
 Braille
 Choose not to answer
 Other _____



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