Edward C. Murphy, MD, PA

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Dear Patient,

In order to continue to meet the mandates of the federal government towards meaningful use, we are required to collect specific information. This information is intended to improve quality, safety, efficiency, and reduce health disparities, to engage patients and family to improve care coordination, and population and public health, and to maintain privacy and security of patient health information.

| Please provide the following | ng: | |
|---|---|---|
| Name: | D.O.B | Preferred language: |
| Ethnicity (Pls circle one) | Hispanic or Latino Not Hispanic or Latino Other Patient declined | |
| Race: (please circle one) | Asian Chinese Filipino Black or African American Multiracial Other Patient declined | White Native Hawaiian or other Pacific islander Japanese American Indian or Alaska native Hispanic Undetermined |
| Email address: | | |
| for work or family; however patient from getting much | er, when you do not call to cance | n appointment due to emergencies or obligations l an appointment, you may be preventing another he situation may arise where another patient fails seemingly "full" schedule. |
| Effective June 15, 2015, | our practice will institute the follo | wing no show/ cancellation policy: |
| appointment or wl | = | en patients do not show for a previously scheduled se of cancellation. This fee will be the responsibility s (Patient initial) |
| Patient signature | | Date |