Patient Information Form

Patient Name: **Date of Birth:**

Social Security Number: __ __ __-__ __-__ __ __ __ **Email Address:** _____

Person(s) to notify in case of emergency: _____ **Phone:** _____

_____ **Phone:** _____

PCHC requires this information to receive the federal funding needed to support its mission of providing quality, affordable healthcare to all. The information you give is kept confidential (private).

Primary language: (check one) ☐ English ☐ French ☐ Spanish ☐ Other _____

Race: ☐ White/Caucasian ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian ☐ African American ☐ Other Pacific Islander ☐ More than one race ☐ Other

Hispanic/Latino: ☐ Yes ☐ No

Sexual Orientation: ☐ Straight or Heterosexual ☐ Lesbian, gay, or Homosexual ☐ Bisexual ☐ Something Else ☐ Don't know ☐ Choose not to disclose

Gender at Birth: ☐ Male ☐ Female

Gender Identity: ☐ Male ☐ Female ☐ Gender queer/questioning ☐ Transgender Male/female to male ☐ Transgender Female/male to female ☐ Other ☐ Choose not to disclose

Number of people living in your household (including you)? _____

Housing status: ☐ Not homeless ☐ Homeless ☐ Public housing ☐ Transitional

If Homeless, where do you stay? ☐ Shelter ☐ Doubled Up ☐ Street ☐ Other

Agricultural worker: ☐ Yes ☐ No If yes, which one: ☐ Migrant ☐ Seasonal

Military Veteran: ☐ Yes ☐ No

Household income range:

☐ $0-$10,000	☐ $35,001-$40,000	☐ $65,001-$70,000
☐ $10,001-$15,000	☐ $40,001-$45,000	☐ $70,001-$75,000
☐ $15,001-$20,000	☐ $45,001-$50,000	☐ $75,001-$80,000
☐ $20,001-$25,000	☐ $50,001-$55,000	☐ $80,001-$85,000
☐ $25,001-$30,000	☐ $55,001-$60,000	☐ $85,001-$90,000
☐ $30,001-$35,000	☐ $60,001-$65,000	☐ > $90,001

RESPONSIBLE PARTY INFORMATION

Does the patient have an agent or legal guardian who makes decisions on their behalf? ☐ Yes ☐ No

If yes, Name of Person(s) Responsible for Patient: _____

_____

Relation (Parent, Spouse, etc.): _____ **Phone:** _____

*If the patient is over 18 years old, please provide an Advance Directive, such as a Healthcare Power of Attorney.

Nondiscrimination Statement for Patients

Discrimination is against the law. PCHC complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex (including pregnancy and sex stereotyping), gender identity, sexual orientation, or any other characteristic protected by law.

PCHC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). PCHC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact PCHC's Civil Rights Coordinator.

If you believe that PCHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex (including pregnancy and sex stereotyping), gender identity, sexual orientation, or any other characteristic protected by law, you can file a grievance with PCHC's Civil Rights Coordinator in person or by mail (103 Maine Avenue, Bangor, Maine 04401), by phone (207-992-9200), by fax (207-907-7077), or by email (civilrights@pchc.com). If you need help filing a grievance, PCHC's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1- 800-868-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.htm.

Language Assistance Services

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística

(Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務

(Cushite) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

(Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn

(Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

(Mon-Khmer, Cambodian) យកចិត្តទុកដាក់ : ប្រសិនបើអ្នក និយាយភាសាខ្មែរ , សេវា ជំនួយ ភាសា ដែលចែង

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad

(German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung

(Thai) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟร

(Nilotic*) PIŊ KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ kuka lëu yök abac ke cïn wënh cuatë piny

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

(Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

- **Language Assistance Services are free of charge.**

Revised 10/28/2016