

### Core Objective 4

Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, gender, race, ethnicity, and date of birth - 170.304 (c)

More than 50% of all unique patients seen by the EP have demographics recorded as structured data

eClinicalWorks Patient Registration Screens capture comprehensive Patient Demographic information, including date of birth, gender, preferred language, race, ethnicity, emergency contact, HIPAA contact, preferred method of contact, photo, email address, etc.

A Meaningful Use Alert will notify the Front Office of any Meaningful Use Demographics that are not present in the patient record.

**Patient Information (Jones, Mary B)**

**Personal Info**

Account No: 87 Prefix: [dropdown] PCP: Willis, Sam

Last Name: Jones Referring Provider: Charles, Andrew

First Name: Mary MI: B Rendering Provider/Primary Care Giver: Willis, Sam

Previous Name: Smith Date Of Birth: 04/12/1976 Age: 36Y

Address Line 1: 123 Main Street Gestational Age: [dropdown]

Address Line 2: [dropdown] Sex: F Female Transgender

City: Westborough Marital Status: Married

State: MA Zip: 01581 Country: [dropdown] Social Security: 999-99-9186 Parent Info: [dropdown]

Home Phone: 508-366-1234 Cell No: 561-324-2141 Employer Name: The Employment Compe Clear

Work Phone: 652-123-1221 Ext: [dropdown] Emp Status: 1 Employed full-time

(statements will be addressed to responsible party) Student Status: (None Selected) Family Hub: Select Remove

**Responsible Party** Select Set Emergency Contact

Name: Jones, John DOB: 12/12/1948 Age: 63Y Sex: M Emergency Contact: Jones, John

Relation: 2 Spouse - patient is the spouse of the Patient: 0.00

Last Appt: 06/11/2012 02:30 PM Acct Balance: 582.24 Details Gr. Bal

Next Appt: [dropdown] Acc Inquiry

**Insurances** IE

Fee Schedule: Master Fee Schedule Self Pa: [checkbox]

Name	State	Subscriber No	Rel	Insured
P BCBS	MA	XXH1234	2	Jones, John

Release of Information: Y Rx History Consent: N Scan Signature Date: 02/09/2012 Advance Directive: DNR (02/09/2012)

Additional Info Alert Misc Info Options

**Patient Information (Jones, Mary B)**

Jones, Mary B Don't Send Statements Inactive

**General Information** Structured

**Street Address (if different from mailing)** Import Capture Delete Scan

Address Line 1: [dropdown] Picture: [img alt="Patient photo of Mary B Jones"]

Address Line 2: [dropdown] City: [dropdown] State: [dropdown] Zip: [dropdown]

Email: mary@aol.com Leave Message: Home Brief Cell

Residence Type: (None Selected) Race: White Ethnicity: Not Hispanic Birth Order: 1

VFC Eligibility: [dropdown] Mail Order Member ID: [dropdown] Plan Type: (None Selected)

**Deceased** Deceased: [checkbox]

**Employer Address** Select Clear

Address Line 1: 50 Grove Street Default Facility: [dropdown]

Address Line 2: [dropdown] City: Westborough MRN (External System): [dropdown]

State: MA Zip: 01581 Language: English Translator

Leave Message: Work Brief Exclude From Registry Search Use Street Address for Prescription

**Pharmacies** Contacts Attorneys Case Manager Add Remove

E	M	P	Pharmacy Name	Address Line 1	City	State	Zip	Tel	Fax
		<input checked="" type="checkbox"/>	Publix	63 Lyman St	Boca Rato	FL	33433	561-213-3421	561-432-5555
		<input type="checkbox"/>	CVS	232 King St	Westborol	MA	01581	555-552-5555	555-556-5555