

Cultural Competency Data Form

As a participating Highmark Health Options provider, the information requested on this Cultural Competency Data Form is strictly voluntary and the information you provide will not be used for any adverse contracting or credentialing actions, or discriminatory purposes. By providing your race, ethnicity, language and cultural competency training data, we can connect members to the appropriate practitioners, deliver better provider-patient communication, and improve the patients' health, wellness, and safety.

Practitioner Name (Please print Last, First MI and Degree): _____

Practitioner NPI: _____ Practice Group ID: _____

Ethnicity:

Are you Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

It is important to understand that a person can belong to one race only. Although a person belongs to just one race, they can still have multiple ethnic connections.

Race: (Choose one or more)

- American Indian or Alaska Native.** (An individual having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- Asian.** (An individual having origins in any of the peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.)
- Black or African American.** (An individual having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander.** (An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.)
- White /Caucasian:** (An individual having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Language(s) Spoken:

Any other languages spoken other than English? _____

Nurses and Office Staff Languages Spoken:

Any other languages spoken other than English?

What if any translation services are available in your office: Telephonic On-Site Video

Are you or a staff member Certified in **American Sign Language**? No Yes

Cultural Competency Training:

Have you completed any Cultural Competency Training? No Yes, identify course name and date

Course Completed: _____ Date: _____

Practitioner's Signature: _____ Date: _____

Please fax the completed Data Form to: 1-855-451-6680.

(By signing I do hereby attest that the above information is accurate. Provider race and ethnicity will not be published in the provider directory, but will only be shared with members upon request. Cultural Competency training and languages spoken may be published in the Highmark Health Options West Virginia Provider Directory.)