

	Yes		No		N/A		Total
	#	%	#	%	#	%	#
Education level	75	36%	105	51%	27	13%	207
Birth place	105	50%	87	41%	18	9%	210
Ethnic group	140	66%	61	29%	12	6%	213
Personnel authorizing release	145	68%	57	27%	11	5%	213
Directive to physician	144	69%	50	24%	15	7%	209
Patient rights acknowledged	147	69%	55	26%	10	5%	212
Type of record action	149	70%	50	23%	14	7%	213
Record holding location ID	149	72%	37	18%	21	10%	207
Release of info action date	160	73%	50	23%	8	4%	218
Consent signed/admit agree	158	74%	46	22%	9	4%	213
Occupation	163	75%	36	17%	17	8%	216
Universal patient health number	162	76%	32	15%	18	8%	212
Religion	171	80%	35	16%	9	4%	215
Date of earliest held entry	173	82%	25	12%	13	6%	211
Payor ID number	183	85%	16	7%	17	8%	216
Payor group number	186	85%	16	7%	17	8%	219
Address of principal payor	185	86%	16	7%	15	7%	216
Principal payment sponsor	189	87%	11	5%	17	8%	217
Payment source	191	88%	11	5%	16	7%	218
Date/time of birth	193	88%	13	6%	14	6%	220
Family member name	193	88%	16	7%	11	5%	220
Race	193	88%	16	7%	11	5%	220
Family member relationship	194	88%	15	7%	11	5%	220
Date of latest held entry	188	88%	12	6%	13	6%	213
Marital status	201	91%	9	4%	11	5%	221
Patient permanent address	206	93%	7	3%	8	4%	221
Sex (gender)	212	96%	4	2%	5	2%	221
Patient name	215	97%	0	0%	6	3%	221

	Yes		No		N/A		Total
	#	%	#	%	#	%	#
Disposition patient instruction	146	75%	38	19%	11	6%	195
Episode ID	156	78%	34	17%	9	5%	199
Disposition destination	161	80%	22	11%	18	9%	201
Disposition type (MT)*	168	83%	20	10%	14	7%	202
Authentication/signature	169	85%	26	13%	5	3%	200
Text of note/report	169	86%	24	12%	4	2%	197
Disposition date/time	182	90%	9	4%	12	6%	203
Episode diagnosis	190	94%	7	3%	6	3%	203
Treatment facility name	193	94%	8	4%	5	2%	206
Encounter type	197	97%	3	1%	4	2%	204
Date/time of encounter	201	98%	2	1%	3	1%	206