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**Daryl Colden, MD, FACS**  
*Board Certified*

Otolaryngology – Head & Neck Surgery  
Facial Plastic & Reconstructive Surgery  
*Fellowship Trained*  
Advanced Nasal & Facial Plastic Surgery  
*Fellow*  
American Academy of Otolaryngic Allergy  
*Clinical Instructor in Otolaryngology & Laryngology*  
Harvard Medical School

*Assistant Surgeon in Otolaryngology*  
Massachusetts Eye & Ear Infirmary

*Assistant Clinical Professor*  
Otolaryngology Head & Neck Surgery  
Tufts Medical School

**Peter Seymour, MD**  
*Board Certified*

Otolaryngology – Head & Neck Surgery  
*Fellowship Trained*  
Otologic Medicine & Surgery  
(Ear & Balance Disorders)  
*Associate*  
American Academy of Otolaryngic Allergy

*Assistant Surgeon in Otolaryngology*  
Massachusetts Eye & Ear Infirmary

*Assistant Clinical Professor*  
Otolaryngology – Head & Neck Surgery  
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*Board Certified*

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Otolaryngology – Head & Neck Surgery  
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**Hospital Affiliations**

Anna Jaques Hospital  
Merrimack Valley Hospital  
Holy Family Hospital

**Surgical Center Affiliations**

Andover Surgical Center  
Stratham Surgical Center

**Academic Affiliations**

Massachusetts Eye & Ear Infirmary  
Tufts Medical Center  
Boston University School of Medicine

[www.ColdenSeymourENT.com](http://www.ColdenSeymourENT.com)

# COLDEN SEYMOUR

EAR NOSE THROAT & ALLERGY  
Adult & Pediatric Care / Hearing & Balance Center  
Sinus & Sleep Specialists / Facial Plastic Surgery

## Why do we ask our patients about their race and ethnicity?

**We have begun recently to ask our patients to identify their race, ethnicity and preferred language. If you are uncomfortable answering these questions, you should feel free to decline to answer, and we will not ask you again.**

The federal government is promoting adoption of electronic health records, and one of their requirements for “meaningful use” of electronic health records is the ability to collect information about the race and ethnicity of our patients to measure and minimize care disparities based on these characteristics.

Extensive [scientific research shows](#) that disparities in the quality and outcomes of health care correlate with patients’ race and ethnicity. The [Health Resources and Services Administration](#) defines these health disparities as “population-specific differences in the presence of disease, health outcomes, or access to health care.” [Numerous studies show](#) that patient-specific race and ethnicity data help researchers understand the complex factors associated with reducing health care disparities. This information also assists providers and practices in designing and evaluating effective [quality improvement](#) programs.

Recent [new studies indicate](#) that a first step toward addressing health disparities involves collecting patients’ race, ethnicity, and language data, and linking this information to health care quality, safety, and utilization. “Medical practices alone cannot solve the problems of disparities. Collecting data is a start—not from the perspective of one patient at a time, but from a whole practice effort to improving quality,” says Robert C. Like, MD, MS, Director, [Center for Healthy Families and Cultural Diversity](#).