

2026

PATIENT NAMING FRAMEWORK

**Essential Demographic
Data Elements for
Electronic Health
Information**

Publication Date: April 2026



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TABLE OF CONTENTS

Section 1: What Changed From 2023 to 2026: A Patient Naming Framework Evolution Overview	3
Section 2: Who Is This Patient Naming Framework For?	4
Section 3: Introduction — Ongoing Patient Matching Challenges	5
Section 4: Naming Policy Framework Guiding Principles	7
Section 5: Call for Standardized Patient Naming Policy	8
Section 6: AHIMA Patient Naming Framework	10
Complete Legal Name	10
Additional Naming Recommendations	13
Newborn Naming	18
Other Identification Guidance	22
Section 7: Glossary	25
Section 8: References	29
Section 9: Appendices	
Appendix A — Patient Naming Framework Tables Reference	31
Appendix B — Gap Analysis and Assessment Tool	32
Section 10: Authors, Contributors, and Staff	39

WHAT CHANGED FROM 2023 TO 2026: A PATIENT NAMING FRAMEWORK EVOLUTION OVERVIEW

The AHIMA Patient Naming Framework has undergone meaningful revisions since its 2023 publication. The 2026 update reflects an expanded scope, deeper operational guidance, stronger cultural inclusivity, and tighter alignment with national interoperability standards. The following summary highlights the most significant changes — and explains why they were made so readers can quickly orient themselves before diving into the full Patient Naming Framework.

TOPIC AREA	2023 FRAMEWORK	2026 UPDATE & WHY IT CHANGED
Framework Name	AHIMA Naming Policy Framework 2023 – Person Essential Demographic Data Elements for EHI	AHIMA Patient Naming Framework 2026 – Essential Demographic Data Elements for EHI - This reflects the industry-standard term "patient" and improves consistency with federal and interoperability frameworks and removal of "policy" to better reflect the framework's technical/operational purpose rather than a policy directive.
Capitalization in Tables	CAPITAL LETTERS used extensively in tables to emphasize data elements (Capital letters remained in body of text where experts felt it was necessary)	Capitals now used in tables only where they represent an actual AHIMA recommendation standard (e.g., newborn sex field). Reduces visual noise and improves readability.
Complete Legal Name Guidance	Mirror government ID; general capitalization standard	No capitalization recommended (except newborn sex). Explicit guidance when two IDs show different names. Best practice to validate name at every interaction.
Single Legal Name (Mononym)	Record name in both First and Last name fields	Updated: prefer Last name field; do NOT duplicate; no FNU (First Name Unknown)/LNU (Last Name Unknown) placeholders; full FHIR/HL7 alignment required.
Newborn Naming	Adopted Joint Commission guidance; uppercase sex + mother's name	AHIMA and NAHAM joint endorsement. New: guidance for same-name mothers in same unit; Shell Records; fetal care naming; detailed guidance on changing baby names during encounter.
Multicultural Naming	General guidance; limited examples	Expanded to Spanish, Chinese, Tagalog, and Vietnamese naming conventions. Added Chinese Surname Reference Table with 8 most-frequent surnames and dialect variants.
New Sections Added	Not present in 2023	Added: Incarcerated Individuals, Shell Records, Fetal Care Records, Digital Front Doors, Test Patients — addressing real-world operational scenarios not covered in prior version.
Sex/Gender/SOGI	Defined Legal Sex vs. Gender Identity	Removal of USCDI association: Legal Sex vs. Sex Assigned at Birth distinction for matching algorithms; SOGI guidance reflects the recommended operational practices rather than USCDI standards. As USCDI revisions are still pending, certain data elements that were removed from USCDI may not be retained in future requirements.
Standards Alignment	ONC ISA, HL7 FHIR, USCDI V3	Updated to reflect ASTP/ONC ISA, current USCDI version, IHI Quintuple Aim framework, and AHIMA duplicate rate whitepaper cross-reference.
Operational Tools	Framework guidance only	Added comprehensive Gap Analysis and Assessment Tool (Appendix B) with 6 sections, priority ratings, compliance scoring, and action planning worksheets.

WHO IS THIS PATIENT NAMING FRAMEWORK FOR?

This Patient Naming Framework is designed for everyone involved in the lifecycle of patient demographic data — from the executive who sets policy to the patient whose care depends on accurate identification. The table below summarizes each audience and why this Patient Naming Framework matters to them.

AUDIENCE	ROLE IN PATIENT NAMING	WHY THIS PATIENT NAMING FRAMEWORK MATTERS TO THEM
Executives & Senior Leadership	Set organizational policy and fund technology investments	Poor MPI/EMPI integrity increases malpractice exposure, claim denials, and regulatory risk. This Patient Naming Framework provides the standards baseline for governance and investment decisions.
Patient Access/ Registration Staff	Front-line collectors of demographic data at every encounter	Directly apply naming standards daily. This Patient Naming Framework provides step-by-step rules for capturing legal names, handling special populations, and managing edge cases.
Health Information (HI) Professionals	Maintain MPI/EMPI integrity, manage duplicates and overlays, develop policy	Authoritative reference for developing and auditing organizational naming policies. Supports MPI/EMPI governance, duplicate management, and staff training.
Information Technology (IT)/ Health IT Vendors	Configure EHR fields, matching algorithms, and interfaces	Defines system requirements for field lengths, character support, HL7® FHIR® mapping, and matching algorithm design. Prevents misidentification at the system level.
Clinicians & Care Teams	Rely on accurate identification for safe clinical decisions	Misidentification causes wrong-patient errors, delayed treatment, and duplicate testing. Accurate naming is foundational to patient safety and clinical workflow integrity.
Revenue Cycle/ Billing Teams	Submit claims; verify insurance name alignment	Naming discrepancies between legal name and insurance card cause claim denials and payment delays. Patient Naming Framework guidance on aliases and insurance names directly supports revenue integrity.
Health Information Exchange (HIE) & Interoperability Partners	Exchange patient data across organizations and networks	Standardized naming enables accurate patient matching across systems. Adoption of this Patient Naming Framework supports TEFCA, ONC ISA, and USCDI alignment at scale.
Patients Receiving Care	The individuals whose identity, safety, and care coordination depend on accurate records	Ultimately, this Patient Naming Framework exists for the patient because accurate identification prevents wrong treatments, protects privacy, reduces redundant testing, and ensures health records follow the right individual across every care setting.

INTRODUCTION — ONGOING PATIENT MATCHING CHALLENGES

Think about this: every time someone receives care, their information needs to follow them accurately across systems, clinicians, and settings. In today's connected healthcare world, that ability to correctly identify and match individuals across different platforms is the backbone of safe, effective, and equitable care. As [health information exchanges \(HIE\)](#) continue to grow, standardized demographic data is essential! Getting a patient's name correct supports better clinical decisions, smoother care coordination, and the kind of privacy and trust that patients and clinicians depend on.

Although healthcare is traditionally centered on patients, today's environment engages individuals in many roles - including members, clients, consumers, caregivers, and more. Using the term "person" acknowledges this broader reality and underscores a commitment to managing identity data with accuracy and care across the full continuum of engagement. While the word "patient" is used throughout this document, the term "person" is also necessary in situations where individuals are not strictly receiving care as patients. There is no single term that fully captures every context; however, "patient" has historically been used in discussions related to matching and identity management. Utilizing AHIMA's recommendations helps ensure a consistent standard is followed, regardless of an individual's specific role or status.

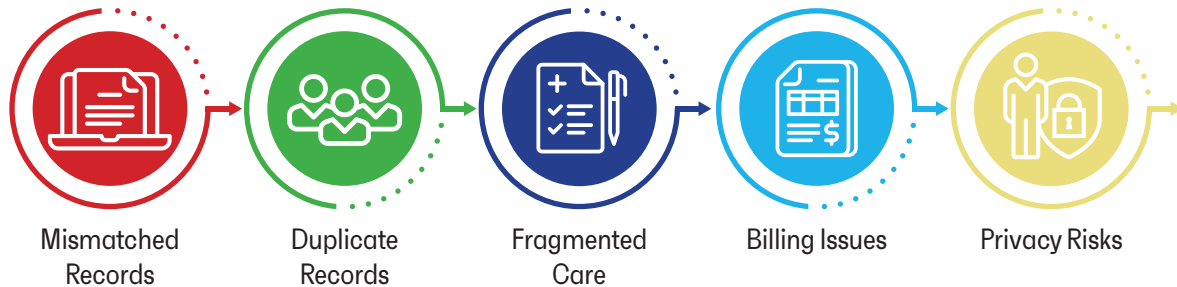
Utilizing this terminology does not diminish the importance of the term "patient" or the critical nature of accurate patient matching. In fact, patient matching remains foundational to this Patient Naming Framework and continues to be explicitly addressed throughout. As HIEs evolve, strong identity management practices, including reliable patient matching, are more important than ever to ensure safety, quality, and continuity of care.

Despite significant industry efforts, no single matching solution has achieved perfect accuracy. Mismatches and duplicate or overlapping records persist, contributing to fragmented care, delayed treatment, billing inefficiencies, and heightened privacy risks. The expansion of digital front doors such as mobile apps, kiosks, and self-registration tools, combined with increasing EHR interoperability and HIE activity, adds further complexity to identity management and increases the risk of data entry errors and record overlays.



Challenges in Patient Identity Management

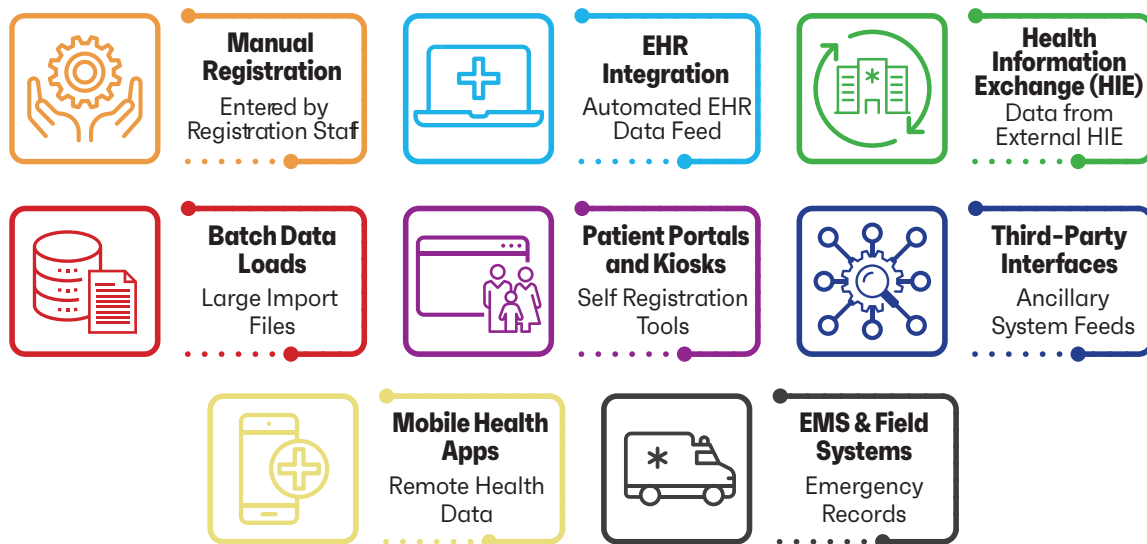
Despite significant industry efforts, no single matching solution has achieved perfect accuracy.



New digital front doors and expanding EHR/HIE add to the complexity of person Identification

Common Sources of MPI Population

Multiple Pathways into the Master Person Index



Multiple Entry Points Create Risks of Errors & Duplicates

A 2022 research study conducted by the [Patient ID Now Coalition — New Perspectives On The Patient ID Problem In Healthcare](#) revealed organizations are spending 110 hours per week on average resolving patient identity issues, more than one-third are spending \$1 million annually on patient matching, and 70 percent of respondents agreed or strongly agreed that patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.

Notably, underserved populations are disproportionately affected by duplicate records, with Black and Hispanic/Latino individuals experiencing significantly higher rates of duplication. This exacerbates existing health inequities and underscores the urgent need for inclusive and equitable data management strategies.

Lastly, there are significant operational costs for the management of duplicate records including:

- Malpractice costs
- Denied claims
- Increased costs for inpatient stays
- Redundant tests and procedures
- Organizational financial losses such as human resources for management and patient safety events

As professionals committed to excellence in health information for the benefit of patients and clinicians, AHIMA believes the healthcare ecosystem has an obligation to capture and manage high-quality data where integrity is foundational to health data being accurate, complete, and timely throughout its lifecycle. Consistent with these principles, the guidance and best practices in this updated Patient Naming Framework build upon existing industry guidance and practices to standardize patient(s) demographic data elements.

[AHIMA's Naming Policy Framework](#) 2023 has received support as a national standard; this includes endorsement from national organizations such as the [National Association of Healthcare Access Management \(NAHAM\)](#) for the newborn naming standards. AHIMA has long supported standardization and authored the original 2022 version entitled, [Recommended Data Elements for Capture in the Master Patient Index \(MPI\)](#), and is recognized in the "Representing Patient Names" section of the Office of the National Coordinator for Health Information Technology (ONC) Interoperability Standards Advisory (ISA) model within the Patient Identity/Identification Management.

As individuals enter the Master Patient Index (MPI)/Enterprise Master Person Index (EMPI) through a variety of channels — from manual registration and integration to mobile apps and emergency services — each method presents unique risks and opportunities. This Patient Naming Framework explores the critical role of standardized demographic data in patient matching, examines current challenges and legislative efforts, and offers recommendations for improving identity management across the healthcare continuum.

To further supplement this Patient Naming Framework, AHIMA recommends best practices in duplicate matching rates supported by the AHIMA whitepaper, [Realistically Achieving a 1% Duplicate Error Rate](#). An updated version is coming soon.

The AHIMA 2026 Patient Naming Framework organizes the recommended guidance into four major areas:

1. **Complete Legal Name** (includes sections on First Name, Last/Surname Name, Truncation)
2. **Additional Naming Recommendations** (includes Prefixes, Suffixes, Education/Professional Suffixes, Hyphen/Apostrophes/Punctuation, Unidentified Names, Single Name, Names of Incarcerated Individuals, Recording Multiple/Multicultural Names)
3. **Newborn Naming** (includes Single Birth, Multiple Births, Safe Haven/Safe Surrender, Adoption, Surrogacy, Birth Pronouns, Change Baby Names During Hospital Encounter, Shell Records, Fetal Care Records)
4. **Other Guidance on Patient Identification** (includes Name Use/Preferred Names, Aliases/Alternative/Nicknames, Special Handling Patients, Legal Sex & Sex at Birth, Gender Identity and Sexual Orientation, Pronouns, Related Person(s), Name Changing and Updating, Test Patients)

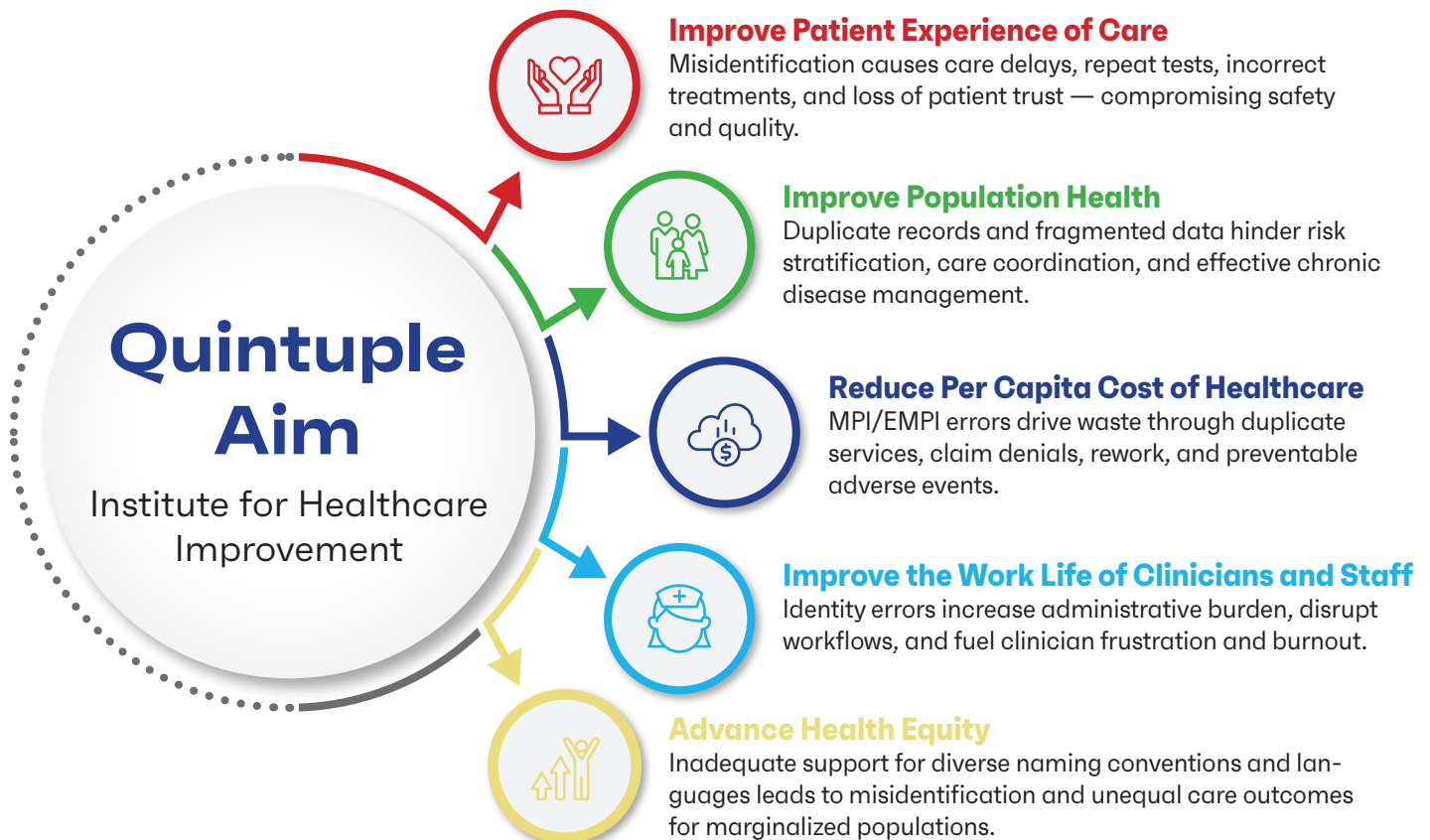
CALL FOR STANDARDIZED PATIENT NAMING FRAMEWORK

AHIMA calls for the adoption and implementation of a standardized demographic data element framework. This Patient Naming Framework provides a foundational set of recommendations that represent today's best operational practices and serve as a rising floor, one that will evolve as technology and operational procedures advance. These recommendations were developed and validated by a national workgroup of subject matter experts who convened over several months to inform the Patient Naming Framework's development. AHIMA recognizes the variability in electronic systems' design, which introduces unique challenges in adoption of these recommended standards.

The AHIMA Patient Naming Framework Recognizes Today's Ecosystem Where:

1. Essential patient(s) demographic data is being captured and managed beyond the MPI and the EMPI.
2. Healthcare entities exchange Electronic Health Information (EHI) through secure platforms such as third-party applications, APIs (Application Programming Interfaces), HIEs, and national networks like the Trusted Exchange Framework and Common Agreement (TEFCA). These mechanisms support patient-directed data access, streamline payment processes, enable public health reporting, and enhance care coordination.
3. The [Institute for Healthcare Improvement \(IHI\) Quintuple Aim](#) is an evolution of the earlier Triple and Quadruple Aim frameworks. It defines **five core goals** that healthcare systems should pursue simultaneously to improve overall performance, equity, and sustainability.

Accurate patient identification is fundamental to achieving all five dimensions of the IHI Quintuple Aim. Poor MPI/EMPI integrity creates cascading failures across the healthcare system:



Just as the Quintuple Aim goals are interconnected, patient identity integrity serves as foundational infrastructure: without it, progress across all five dimensions is compromised, and improvements in one area may inadvertently harm another.

AHIMA Seeks Engagement With The Patient Naming Framework By:

- Comparing and contrasting the components of the 2026 AHIMA Patient Naming Framework to organizational policy that outlines how patient demographics (refers to all non-clinical data about a patient, including name, date of birth, address, phone number, email address, sex, race, etc.) are collected in health IT systems.
- Reviewing [ONC Interoperability Standards Advisory \(ISA\) — Representing Patient Names](#) section where AHIMA's Naming policies are listed. Provide feedback to the ONC on the site.
- Discussing the components with internal stakeholders as well as technology partners, identifying any system constraint(s) that may need attention before implementation.
- Accepting additional feedback by connecting with us via [AHIMA Contact Us and FAQs](#) webpage and selecting **Body of Knowledge (BoK) Resources** and submitting a ticket.

Importantly, AHIMA recommends following [HL7®'s Fast Healthcare Interoperability Resources \(FHIR®\)](#) current standards and mapping guidelines for MPI Patient Identification Segments. A discussion should be initiated with the organization's technology partners for the current version of information. It is also recommended to follow best practice guidance in compliance with other standards such as Prescription Drug Monitoring Program (PDMP)'s [American Society for Automation in Pharmacy \(ASAP\)](#).



COMPLETE LEGAL NAME

Maintaining the highest level of data quality and integrity in health IT systems begins with the collection of a patient's complete legal name prior to a healthcare visit/encounter.

The name entered should begin with a reference from a government-issued identification, such as, but not limited to, birth certificate, passport, military ID, driver's license, [REAL ID](#), or as altered by a legal name change event. Events altering the legal name include, but are not limited to, marriage, divorce, adoption, or a court-approved name change.

- Capture the name **exactly** as it appears on the government-issued ID including full middle names or initials.
- If the ID lists the full name, record the full name, even if an initial was previously used.
- When two government IDs are presented with different name formats, use the ID with the most complete name.
- If a new episode of care includes a government ID with a different name, update the record to the newly presented name and record the previous name in the alias field.
- Regardless of how the name presents on the government issued ID (with or without capitalization), AHIMA does not recommend capitalization of name except in the sex of the baby naming recommendations. See Single Birth and Multi-Birth Section of the Patient Naming Framework.
- AHIMA recommends capturing hyphens; however, does not recommend any other punctuation in the NAME field.

Organizational policy may dictate the collection of certain data elements to fulfill billing and payment requirements such as the name on the health insurance card. AHIMA recommends aligning with the Health Insurance Information section in the current [United States Core Data for Interoperability \(USCDI\)](#) related to "Subscriber Identifier" and "Member Identifier." AHIMA further recommends adding "Relationship to Subscriber" to enhance familial matching.

AHIMA recognizes that the LEGAL NAME may differ from a patient's PREFERRED NAME, NICKNAME, or ALIAS NAME(S), and that LEGAL NAME may appear differently on two or more government-issued identifications. It is AHIMA's best practice to validate and collect the name and identification on every interaction with the patient.

For successful patient matching, AHIMA recommends referencing a government-issued identification.

Table 1A: Forms of Identification — Primary and Secondary Sources

RECOMMENDED PRIMARY SOURCES
Current Passport or Passport Card
REAL ID/State Driver's License
Photo ID, State or another jurisdiction
Military ID
Permanent Resident or Green Card
Immigration Status Card
Alien Registration Card
Tribal Nation Card
Other State Issued ID (Digital ID)
RECOMMENDED SECONDARY SOURCES
Marriage Certificate or Divorce Decree
Legal Custody/Guardianship Papers
University/College/Employee ID Card with name and photo
Unexpired Temporary Driver's License or ID Card with receipt

Recognizing that pediatric patients may have limited sources for patient identification, it would be appropriate to recognize other sources of identification issued by the government. These sources should only be considered for the pediatric patient:

Table 1B: Pediatric Sources for Identification

PEDIATRIC SOURCES FOR IDENTIFICATION
Medicaid, Medi-Cal ID card (or other equivalent state IDs)
Birth Certificate

Organizations should ensure organizational policies for these additional operational considerations:

- A process for patients who may not possess a government-issued identification at the point of registration
- State level legal naming requirements
- Areas that use numbers in name fields such as correctional institutions and employee health
- A process for the patient who may not possess **any** identification

Table 2: Complete Legal Name Examples

NAME AT REGISTRATION	LEGAL NAME ON GOVERNMENT ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
Harvey Garcia Rodriguez	Harvey Davis S Garcia-Rodriguez	Harvey	Davis	Garcia-Rodriguez
C Nguyen	C N Nguyen	C	N	Nguyen
Wayne Martinez	R D Wayne Martinez	RD	Wayne	Martinez
Grace Jones	Grace 7 Jones	Grace	7	Jones
Elena Lusk	Elena Lusk	Elena		Lusk
Patty Anderson	Patricia Anderson	Patricia		Anderson
Drake	Drake (if not clear whether first or last on the government issued ID — use Last as Default, Refer to the SINGLE NAME Section)			Drake

*Note: Health IT systems should be evaluated to include numeric values, hyphens, and symbols in name fields. For guidance on using hyphens. Reference HYPHENS, APOSTROPHES AND PUNCTUATION section of the Patient Naming Framework.

First/Given Name Field

If a patient's FIRST NAME or GIVEN NAME is two or more names, collect all in the FIRST/GIVEN NAME field as represented in the form of identification (i.e., with the space between the two; or with the hyphen if present).

- If a patient's FIRST NAME is an initial, place the initial in the FIRST NAME field.
- Periods (.) after initials should not be collected.
- Two or more names should NOT be captured as one full name. For example: ChelseaMaria should be captured as Chelsea Maria.

*Note: AHIMA recommends that you reference your organizational policy on the use of a hyphen. Organizational policy may dictate that the hyphen be removed even if the name is presented on the legal documentation. AHIMA recognizes that some downstream clinical systems may be unable to technically accommodate a special character such as a hyphen.

Table 3: First Name Field

CIRCUMSTANCE	FIRST NAME(S)
First Name is an initial	C
One First Name exists	Chelsea
Two First Names exist	Chelsea Maria
More than Two First Names exist	Chelsea Maria Anne
Two First Names exist with hyphen	Chelsea-Maria
First Name with Number	Chelsea 2

Middle Name Field

- Collect the MIDDLE NAME in its entirety if it is listed on the government-issued identification.
- Periods (.) after initials should not be collected. Patient Access/Registration patient should clarify if the name ending with a "" is an abbreviation, e.g., Ma. = Maria; Fco. = Francisco; Wm. = William.
- If the patient's MIDDLE NAME is an initial(s), the initial(s) should be collected. However, the period should not be included.
- If the patient does not have a MIDDLE NAME, the field should be left intentionally blank. If the patient's MIDDLE NAME is two names, collect them both in the MIDDLE NAME field with a space between the two.

Table 4: Middle Name Field

CIRCUMSTANCE	MIDDLE NAME(S)
One Middle Name exists	Malia
Two Middle Names exist	Malia Anne
Two Middle Names exist with a hyphen	Malia-Anne
Legal Middle Name is initial(s)	M or MA
No Middle Name	Intentionally left blank

Last/Surname Field

This field may also be known to people as SURNAME or FAMILY NAME.

It is important to note that FAMILY NAME is not the same as PREVIOUS or MAIDEN NAME. AHIMA recommends transitioning away from the term "MAIDEN" and referring to PREVIOUS.

If the patient has two or more last names, a space or hyphen (depending on government-issued ID) should be entered between the names.

Table 5: Last Name Field

CIRCUMSTANCE	LAST NAME(S)
One Last Name exists	Garcia
Two Last Names exist	Garcia Lopez
Two Last Names exist with a hyphen	Garcia-Lopez
Three or more Last Names exist	Garcia Lopez Hernandez
Three or more Last Names exist with one hyphen present	Garcia Lopez-Hernandez
Three Last Names with two hyphens exist	Garcia Lopez-Hernandez Smith-Jones

Truncating Names

It is best to avoid truncation whenever possible. AHIMA does not recommend truncating names. Truncation refers to removing the last letter(s) of a name to fit within a limited field length. For example, if the field allows only six characters, the last name "Andersen" would be truncated to "Anders."

AHIMA outlines the current considerations when facing the truncation of names:

- **Preserve Full Names:** HI professionals should collaborate with health IT vendors to ensure that full names can be captured and each component (e.g., first, middle, last) is stored separately.
- **Expand Field Lengths:** If current systems limit name field lengths, AHIMA recommends working with vendors to increase the maximum character count to accommodate full names.
- **Understand the Risks:** Truncating names can lead to patient safety issues such as incorrect information on wristbands, labels, and health records.
- **Engage Vendors:** AHIMA encourages organizations to actively engage with their health IT vendors to address name field limitations.
- **Audit Existing Systems:** Review your current systems to determine the character limits for name fields.
- **Collaborate with Exchange Partners:** Work with partners to agree on a character limit that supports diverse name formats, including hyphenated names and multiple middle names.
 - Request System Enhancements: If your systems have restrictive limits, request vendors to increase the character count to meet agreed-upon standards.
 - If Truncation Is Unavoidable: After exhausting all recommended actions, capture as many letters as possible. Do not abbreviate or alter the name format. If a legal ID is truncated, query the source to obtain the full name.

ADDITIONAL NAMING RECOMMENDATIONS

Prefixes And Suffixes — General Guidance

Accurately capturing a patient's full name — including any prefixes and suffixes — is essential for ensuring proper identification, communication, and continuity of care. AHIMA recommends capturing this information in a systematic way and displaying these elements in a standardized and interoperable format.

To ensure accurate patient identification and seamless data exchange, it's essential to standardize how patient prefixes and suffixes are collected, stored, and shared:

1. **Establish a Dedicated Field:** Work with your vendor to create a separate, specific data field for prefixes and suffixes.
2. **Use Controlled Vocabulary:** Develop policy to implement a standardized list of prefixes and suffixes to ensure consistency.
3. **Mandate Capture When Applicable:** Work with your vendor to configure your system to prompt a prefix and suffix during patient registration if the patient's name includes one.
4. **Audit and Clean Existing Data:** Periodically review and clean your patient records to correct any existing errors. This involves separating suffixes that were previously entered in the name field and moving them to the new, dedicated suffix field.

Prefixes

AHIMA aligns with the [ONC Best Practices for Data Capture for Prefixes — Chapter 3: Registrar Playbook](#), which states: "Prefixes should be used for professional or religious titles or honorifics such as: Doctor, Sister, Father, Professor. It is not necessary to collect common prefixes such as Mr, Mrs, Ms, and Miss." However, the capture of PREFIXES may be culturally appropriate for certain patients and/or patient populations, and these should be addressed in organizational policy.

Prefixes should be captured in designated discrete data fields specifically developed for this purpose. PREFIXES should not be used in the FIRST NAME field.

It should be noted that while PREFIXES are typically not used in the patient's matching process, they are a foundational data element that needs to be collected to properly address patient(s) for customer service.

Suffixes

- AHIMA recommends capturing SUFFIXES listed on government-issued identification.
- It is not recommended to place a SUFFIX in the FIRST, MIDDLE, or LAST name field(s). When suffixes are placed in discrete name fields, this may impact matching algorithms.
- Numbers can cause issues within electronic systems, and if the patient has a number as a suffix, use it if your system can handle it.
- Periods (.) after initials should not be collected.
- For military ranks, refer to the [Project US@ ONC AHIMA Companion Guide](#) and the [U.S. Military Rank Insignia resource](#). Examples of Military/Rank Suffixes: RET, MAJ, COL, SGT.
- AHIMA recommends that SUFFIXES are captured in all CAPS. Examples: JR, SR, II, III, IV, V.

Table 6: Suffix Examples

LEGAL NAME ON GOVERNMENT ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD	SUFFIX FIELD
James R. Billings Jr.	James	R	Billings	JR
Charles Wayne Miller III	Charles	Wayne	Miller	III

Educational/Professional Suffixes

AHIMA does not recognize education distinctions such as PhD, MD, RN, as an acceptable suffix. It is recommended to work with your vendor to develop fields for the capture of educational or professional suffixes.

- Examples of Educational/Professional Prefixes: Dr, Rev, Prof
- Examples of Educational/Professional Suffixes: PhD, EdD, MD, DDS, Esq

Hyphens, Apostrophes, And Punctuation

AHIMA recommends that the only punctuation appropriate for the name field is a hyphen.

- There should be no space on either side of the hyphen (e.g., Smith-Logan not Smith – Logan).
- Periods (.) after initials should also not be collected.
- Apostrophes such as "O'Donnell" and punctuation such as "St. James" should also not be used and should be converted as illustrated in Table 7.
- AHIMA supports parsing of fields in a standardized way to meet technical and administrative needs. For more information on parsing, see Glossary.
- AHIMA suggests exploring matching algorithms that ignore punctuation.

Table 7: Hyphens, Apostrophes, and Punctuation

NAME PROVIDED BY PATIENT	LEGAL NAME ON GOVERNMENT ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
Sean M. O'Donnell	Sean M ODonnell	Sean	M	O'Donnell
M. Mac Donald	M Mac Donald	M		Mac Donald
Mary D. Smith-Logan	Mary D Smith-Logan	Mary	D	Smith-Logan
Susan L. St. James	Susan L St James	Susan	L	St James
Steven E. Van Der Ark	Steven Edward Van Der Ark	Steven	Edward	Van Der Ark
Abbie N. McClintock	Abbie Nicole McClintock	Abbie	Nicole	McClintock

*AHIMA recommends capturing the full MIDDLE NAME. However, if the initial is represented on an approved form of identification, it would be appropriate to only use the initial (see “Complete Legal Name” section).

Unidentified Names

The term "unidentified" in this context refers to patients who are not identified by proper identification such as patients who are trauma cases or other patients who may not be aware or able to provide their identity.

Organizations should use consistent, structured placeholder demographic data (e.g., "Trauma Male 1," date stamp, auto-generated medical record number) until the patient is identified.

It is important to note that this term does not refer to NEWBORN or FETAL care. (Refer to the AHIMA Patient Naming Framework: Newborn Naming Section)

AHIMA recommends the exploration of a system-generated, randomized naming system in place of using generic naming conventions for unidentified individuals such as "Doe," "John Doe," or "Jane Doe" to avoid multiple overlays. Once a patient receives the organization's unidentified naming convention, the patient is technically identified. It is recommended that system-generated names produce a full FIRST and LAST name, ideally identifying that the patient is an unidentified patient (i.e., UNIDENTIFIED3425, Smith; UNI3425, Smith-Temp; UNI3425, TRAUMA 1).

During the period when the patient is identified under the UNIDENTIFIED name, it is important to add the COMPLETE LEGAL NAME to the ALIAS NAME field and the legal first name to the PREFERRED NAME field, as soon as it is known — if the organizational policy does not dictate changing to the LEGAL NAME.

- It is, however, recommended that an official name change is made to the COMPLETE LEGAL NAME when it is safe to do so. AHIMA also recommends following any organizational policy for timing of name change.

Standardization of naming for Unidentified Individuals needs to occur in the future. In the meantime, organizations in local communities should work to develop community-wide standards for naming these individuals in the interest of safety and matching.

For good MPI/EMPI management and maintenance, AHIMA recommends that a report from the index be generated on a consistent basis to identify and update UNIDENTIFIED patients.

Single Name: Mononymous Naming

- To ensure safe, inclusive, and legally compliant patient identity management, vendors should design their systems to fully support mononymous (a SINGLE LEGAL NAME) legal names — patients whose legal identity consists of one name with no separate first/middle/last components. The "Full Legal Name" field should always serve as the authoritative source of truth. Follow the government-issued identification or legal document exactly.
- If unclear if single name is first or last name, it is recommended to use the last name and leave first and middle name blank.
- If the system requires both fields, follow any organizational policy aiming for consistency.
- Leave the MIDDLE NAME field blank intentionally.
- Do not parse name fields as this will risk altering the original name.
- AHIMA does not recommend requiring family or given fields if the patient has only one legal name.

Table 8: Single Legal Name

LEGAL DOCUMENT	FIRST	MIDDLE	LAST
Prince (name displayed clearly and only in first name field)	Prince		
Prince (name displayed clearly and only in last name field)			Prince
Prince (unable to determine if first or last name)			Prince
EHR Limitations	Prince		Prince

*Note: If an organization requires a value in either the first or last name, AHIMA does not recommend the use of "FNU" or "LNU" or any other special character pseudo name. Work with the vendor to enable that a patient's single legal name be recorded exactly as it appears on government-issued identification without forcing segmentation into first/middle/last name fields or inserting placeholder values. A single authoritative "Full Legal Name" field must be supported, mapped to FHIR/HL7 standards for interoperability and used consistently for clinical display, search, identity matching, and data exchange.

Names Of Incarcerated Individuals

Organizations should accurately register incarcerated individuals using the legal name that appears on official government-issued identification (e.g., state ID, driver's license, incarceration records, or court documents). The patient's legal name must be captured in the LEGAL NAME field without modification to ensure accurate identity management, patient matching, and continuity of care across correctional and healthcare settings.

If an alias, street name, or correctional system identifier (e.g., CDCR number, booking number) is provided, this information should not replace the patient's legal name. Instead, it should be recorded in the ALIAS field or in a designated Correctional Identifier field according to organizational policy. Correctional identifiers may be used as supplemental identifiers, but AHIMA recommends never using correctional identifiers as the primary patient's name.

Recording Multiple/Multicultural Names

AHIMA recommends capturing each name within the appropriate respective field; FIRST, MIDDLE, and LAST as identified on the approved government-issued ID/legal documentation including passports. Ensure that multi-part name components follow the AHIMA recommendations for multi-part names.

According to the [United States Census Bureau in 2023](#), most US citizens speak the following languages:

- English
- Spanish
- Chinese (Mandarin or Cantonese dialect)
- Tagalog (Philippine/Pilipino dialect)
- Vietnamese

Table 9: Recording Multiple/Multicultural Names

NAME PROVIDED BY PATIENT	NAME ON GOVERNMENT ID	FIRST NAME	MIDDLE NAME	LAST / SURNAME / FAMILY NAME
Juan Martinez	Juan Pablo Rodriguez-Martinez	Juan Pablo		Rodriguez-Martinez
Eleanor DeRochehoucauld	Eleanor Elizabeth DeChaterlerault DeRochehoucauld Aquitaine	Eleanor	Elizabeth	DeChaterlerault DeRochehoucauld Aquitaine
Kim Young	Young Kim	Young		Kim
Yao Ming	Ming Yao	Ming		Yao
Abdulaziz Bin Mohamed Al Nasser	Abdulaziz Bin Mohamed Al Nasser	Abdulaziz	Bin Mohamed	Al Nasser
Gumasha Said Ahmed Al Tuwaijri	Gumasha Said Ahmed Al Tuwaijri	Gumasha	Said Ahmed	Al Tuwaijri
Yong Yong	Yong Yong	Yong		Yong

Table 10: Cultural Variation Name

FIRST NAME	MIDDLE NAME	LAST NAME
Thomas		Thomas
Gudrun	Anna	

Spanish-Speaker Naming Convention

- In Hispanic communities, the paternal Last Name is used following the maternal Last Name.
- Married women may choose to use their husband's last name following their paternal last name and add the word "de".
- Since healthcare may have been accessed prior to marriage, it is important to cross reference the name through an Alias Name Field when possible.
- A female divorcee may choose to retain ex-husband's last name or return to her other given name (i.e., maiden). Cross reference names when possible.
- When a patient has two last names, do not enter one of the Last Names as a Middle Name. Enter both last names in the Last Name field.
- Some Hispanic first names are preceded by Maria and another first name, e.g., Maria Eugenia — enter both names as first name.
 - Do not abbreviate names, e.g., Ma. = Maria; Fco. = Francisco.
 - Do not use nicknames as First or Middle Name. Document in a separate field as "Preferred Name".
- When patient names differ between insurance cards and legal documents, use the legal name and record the insurance card information as an alias.

Chinese Naming Convention

The third most spoken language in the U.S. is Chinese. Mandarin Chinese is the most widely spoken language globally, primarily associated with China, Taiwan, and Singapore. Chinese naming starts with surnames (or family names) before the first name or given name. The majority of Chinese surnames are one syllable. Children bear the father's family name, and women do not change their surnames after marriage.

Table 11: Chinese Surname Reference Table

CHINESE CHARACTER	MANDARIN (PINYIN)	CANTONESE VARIANT	OTHER COMMON DIALECT VARIANTS & REGIONS
王	Wáng	Wong	Wong/Wang (Cantonese, HK/Macau), Ong/Vong (SEA Hokkien/Teochew), Heng (Min)
李	Lǐ	Lee	Lei/Lee (Cantonese HK/Macau), Li/Ly (Mandarin diaspora), global (China/Taiwan/SEA/US)
张/張	Zhāng	Cheung	Chang (older), Teo/Teoh (Hokkien/Teochew SEA), Cheong (Cantonese/SEA), Chong (Hakka), Tiong (Malaysia/Singapore)
刘/劉	Liú	Lau	Liew/Lew/Lieu/Low (Min/Hokkien/Teochew/Hakka, SEA diaspora)
陈/陳	Chén	Chan	Tan (Hokkien/Teochew), Chin (Hakka), Tang (Teochew/Hokkien), Southern China/Malaysia/Singapore
杨/楊	Yáng	Yeung	Yang/Yong/Young (Mandarin/global), Yeung (Cantonese HK/Canada)
黄/黃	Huáng	Wong	Ng (Hokkien/Teochew), Ooi/Oei/Oey/Wee/Uy (Hokkien-SEA), Eng/Heng (regional), Fujian/Guangdong/Singapore/Malaysia/Indonesia
赵/趙	Zhào	Chiu	Chew (Cantonese/SEA), Tiu/Teo (Hokkien/Teochew), Singapore/Malaysia diaspora

*Note: In cases where the name may contain more characters than the field allows, refer to the section on TRUNCATION

NEWBORN NAMING

This section discusses the naming of newborns during the interval between birth and when the infant's name on their medical record is changed to that on their birth certificate. AHIMA and NAHAM have jointly endorsed these standard guidelines.

The following conventions are influenced by the Joint Commission's 2019 National Patient Safety Goal (NPSG.01.01.01), which states: "Use distinct methods of identification for newborn patients." The conventions described in this section reflect significant improvements to these examples that provide improved safety and patient matching.

Distinct Newborn Naming Conventions

Depending upon the number of live births (e.g., single, multiple), the following conventions were developed using the birth mother's demographic information:

- Mother's FIRST NAME: Katherine
- Mother's LAST NAME: for the purposes of additional samples, including mother with Miller (only), Miller-Smith (with hyphen)

Single Birth

The following example illustrates the naming convention for single births of a girl, boy, and infant whose sex is undetermined:

- Use Mother's LAST NAME for the child's LAST NAME
- The MIDDLE NAME field is intentionally left blank
- If Mother's FIRST NAME is a two-part FIRST NAME (e.g., Katherine Mary), use both components of the first name; Do not use a space between the two names.
- If possible, **capitalize just the infant's sex** ("BOY", "GIRL", or 'BABY' where the sex is not known) and the initial letters of the mother's first and last names
- Concatenate the sex with the first name of the mother to create the baby's FIRST NAME

Table 12A: Single Birth Examples

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRLKatherine		Smith
BOYKatherine		Smith
BABYKatherine		Smith
BABYKatherineMary (mother has two first names)		Smith

*Note: If the mother has a multi-part last name, refer to the Last Name examples of this document.

Distinguishing Newborns With Identical Mother's First And Last Names In The Same Unit

In situations where multiple newborns in the unit have mothers sharing identical first and last names, use an additional maternal identifier (e.g., mother's middle name) within the second newborn's temporary name to maintain clear differentiation and prevent patient misidentification.

Table 12B: Newborns With Identical Mother's First and Last Name

INFANT	MOTHER'S NAME	NEWBORN NAME WITHOUT IDENTIFIER	FINAL NEWBORN NAME	TIME OF BIRTH
Baby 1	Maria Kate Gomez	BOYMaria Gomez	BOYMaria Gomez	6:16 a.m.
Baby 2	Maria Sue Gomez	BOYMaria Gomez (duplicate risk)	BOYMariaSue Gomez	9:25 a.m.

Multiple Births

The following example illustrates the naming convention for multiple births of one girl (born first), two boys (born second and fourth), and an infant (born third) whose sex is undetermined:

- Follow the convention for single births above
- Add a numeric identifier (1, 2, 3, etc.) that reflects birth order, placing the numbers in the baby's FIRST NAME field immediately following the sex

There are multiple reasons for recommending numbers as birth identifiers, including:

- Numbers prevent confusion with fetal order, which uses A, B, C, etc.
- Numbers are very distinctive and unusual, generating additional focus
- In speaking, numbers require saying a word (e.g., "one") rather than a single letter
- Capitalizing SEX combined with a letter for multiples can look like another name (e.g., "BOYD")
- Letters can be confused as middle initials

Table 13: Multiple Birth Examples

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRL1Katherine		Smith
BOY2Katherine		Smith
BABY3Katherine		Smith
BOY4Katherine		Smith

Safe Haven Baby/Safe Surrender

The terms "Safe Haven Baby" and "Safe Surrender" refer to situations when a baby is abandoned or relinquished to a designated location where the infant is protected and provided with medical care until a permanent home is found. There are multiple state requirements for these babies, but AHIMA recommends the following general approach.

If the baby does not have a temporary name (e.g., is brought in from home):

Use the organization's UNIDENTIFIED NAMES approach to name these infants. Some states provide identifiers (e.g., "567894") for these babies, and this should be incorporated into the name (e.g., Safehaven, GIRL567894). When selecting an approach, evaluate methods carefully to:

- Avoid duplicate last names in cases involving multiple infants (e.g., abandonment of twins)
- Prevent stigmatization from names that clearly indicate abandonment (e.g., "Unknown, BOY")
- Exclude names that parents or guardians could reasonably object to

If the baby already has a temporary name (e.g., is surrendered before discharge):

- If the state has no requirements for renaming the baby, do not change the baby's name, as it is the safest approach
- If the mother has surrendered the baby after the state's "Safe Surrender" period and is no longer eligible for Safe Surrender, do not change the baby's name
- If the mother has surrendered the baby during the state's prescribed Safe Surrender period AND the state requires renaming the baby to protect maternal confidentiality, rename the baby when it is medically safe to do so. Do not add the initial name to the ALIAS field, as this would defeat the confidentiality requirement.

Adoption At Birth

Until the adoption cannot be legally reversed, use the conventions for single or multiple births with the birth mother's name. Once the adoption and the birth certificate are finalized, if the infant is still in the birth hospital, the baby's name can be changed to the permanent legal name when it is medically safe to make the change, depending on hospital policies.

Surrogacy

Because state laws differ, healthcare organizations should have a policy on how to handle unique situations such as in the case of a surrogate mother. As a general rule, if the surrogacy can be legally voided, follow the ADOPTION AT BIRTH convention above.

Birth Pronouns

Use an optional designated field for capturing pronouns in situations where parents request a particular pronoun to be documented for their baby. For more information, see the section on PRONOUNS.

SPECIAL CIRCUMSTANCES REGARDING CHANGING OF NEWBORN NAMES

Changing Baby's Temporary Names:

While standardized temporary names have significant advantages, there are disadvantages in long-stay NICU babies. Examples of benefits of changing the baby's name to the legal name on the birth certificate during the birth hospitalization include reduced misidentification, improved immunization registry accuracy in some states, improved billing efficiency, and supporting family preferences and bonding.

Using a Given Name Instead of AHIMA Newborn Guidance:

Some parents may have a name in their mind before birth. Using that name in the medical record is not recommended. The potential benefits are far outweighed by the substantial risks. AHIMA's recommendation is that this practice should be avoided outside of controlled research environments.

Changing the Legal Name of Baby after Birth Certificate Filed:

In some faith-based traditions, a family may desire that a newborn not be legally named until after a specific timeframe (e.g., the eighth day of life) which may be after the birth certificate has been filed according to state regulation. In these situations, hospitals are generally unable to update the filed legal name. Families will have to submit any name changes at the state level rather than through the hospital.

Shell Records

Some organizations may create "Shell Records" to prepare for the expected birth of a baby, particularly in the case of extreme prematurity. These are different from "Fetal Care" records.

- The naming convention for Shell Records should follow the single or multiple naming conventions described above. Because the sex of the baby cannot be confirmed, AHIMA recommends that Shell Records use "BABY" for the infant's sex rather than "BOY" or "GIRL". Follow the same guidance as Table 12 Newborn Naming.
- If the organization's policies allow for changing the name on the record after birth, it can be updated to the baby's correct sex.
- Shell records that are unused should be deleted or purged according to organizational policies.

Fetal Care

Fetal record practices vary across healthcare organizations. This is due to differences in clinical volume, system capabilities, privacy and record-segmentation needs, revenue cycle practices, and established documentation workflows.

Fetal Record Creation for Intrauterine Procedures:

- Historically, AHIMA standards begin at delivery; newborn naming and identification are applied only after birth.
- AHIMA recommends considering the creation of a unique fetal record when the fetus is the direct subject of clinical care.

Use the following naming convention for fetuses:

- Use Mother's LAST NAME for the fetus LAST NAME
- The MIDDLE NAME field is intentionally left blank
- Use "BABY" for the fetus FIRST NAME with Mother FIRST name
- For multiples, use letters (A, B, C, etc.) reflecting the proximity to the cervix at the time of naming. If the fetuses change positions, they should not be renamed.

Table 14: Fetal Care

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
BABYKatherine		Smith
BABYAKatherine		Smith
BABYBKatherine		Smith
BABYKatherineMary		Smith

Stillbirth And Fetal Deaths

Naming conventions are still evolving in this area. Follow organizational policy for stillbirths and/or fetal deaths. AHIMA recommends the organization reference any specific state laws for naming procedures.

OTHER IDENTIFICATION GUIDANCE

Name To Use/Preferred Names

AHIMA recommends that HI professionals collaborate with their HIT partners and electronic health record (EHR) developers to create separate fields for capturing a patient's PREFERRED NAME. A Preferred Name is the name an individual chooses to be addressed by in a care or service setting.

"PREFERRED NAME" may also be referred to as the "NAME TO USE". This is the name that should be used when addressing the patient and is usually provided by the patient. For example: The legal name is "Michael," however, the patient prefers "Mike."

The PREFERRED NAME or NAME TO USE may be a NICKNAME. NICKNAMES should never be collected in the FIRST, MIDDLE, or LAST NAME fields. These fields should be reserved for the COMPLETE LEGAL NAME.

Table 15: Nickname Examples

NAME AT REGISTRATION	LEGAL NAME ON GOVERNMENT ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
Bob T. Williams	Robert Thomas Williams	Robert	Thomas	Williams
Lizzie Susan Whitley	Elizabeth Susan Whitley	Elizabeth	Susan	Whitley
Peggy Ann Brown	Margaret Ann Brown	Margaret	Ann	Brown

Aliases/Alternative/Previous

A patient may have an ALIAS, ALTERNATIVE NAME, or PREVIOUS that differs from their legal name. These names may be current and actively used in specific contexts (such as billing, cultural naming, or community identity). These names are not USCDI data elements; however, organizations commonly capture them in an OTHER NAME or supplemental name field to support accurate identification, interoperability, and patient matching.

Previous Name (USCDI-Aligned Definition)

Within the Patient Demographics/Information data class, USCDI defines PREVIOUS NAME as a historical name that is no longer in use (for example, maiden name or former legal name). PREVIOUS NAME represents past identifiers only and should not be used for concurrent or alternative names the patient still uses.

Aliases & Alternative Names (Concurrent Supplemental Names)

Aliases & Alternative Names are additional names the patient may currently use along with their legal name. These names are not mapped to the USCDI PREVIOUS NAME element but are important for identity management and should be captured in an OTHER NAME or ALIAS field. These may include, but are not limited to:

- Names appearing on government-issued or other official identification provided by the patient
- Names used at other facilities for patient identification
- Additional legal or contextual names (for example, cultural names, second surnames, or names used in different jurisdictions)
- Names used for billing
- Names used are based on organizational policies such as alternative or preferred patient identification
- Merged "from" names retained during record consolidation
- Surnames, newborn names, tribal names, names associated with identity theft remediation

Insurance Card Names

Although an insurance card is not a primary or secondary source of identification, the name on an insurance card is important for billing, interoperability, and matching with payors. AHIMA recommends capturing the insurance card name in an ALIAS or OTHER NAME field to support accurate coordination with payer systems.

AHIMA recommends that organizations maintain a dedicated field for capturing supplemental concurrent names (such as ALIAS, ALTERNATIVE NAME, or names found on insurance cards) to support identity management and patient matching, and a separate field for capturing PREVIOUS NAME, consistent with USCDI, to represent historical names that are no longer in use.

Special Handling Patients

AHIMA recognizes that organizations may classify certain patients as VIPs or designate them as high-privacy, confidential, or high-risk. AHIMA recommends adding the VIP temporary name to the ALIAS, ALTERNATIVE or OTHER name field after the legal name is updated. If a patient's identification was changed during a hospitalization because of a VIP status, it is recommended that the name be updated to the legal name at discharge.

Legal Sex And Sex At Birth Vs. Gender Identity And Sexual Orientation

When designing patient matching processes and demographic workflows, it is essential to distinguish between Legal Sex and Sex Assigned at Birth, as each plays a different operational and clinical role.

- LEGAL SEX reflects what appears on a patient's current government-issued identification and may change over time.
- SEX ASSIGNED AT BIRTH represents a physiological designation that typically remains constant and is often required for clinical decision support and safety alerts.

Organizations may apply the following definitions and distinctions in their EHR and registration processes:

- SEX or LEGAL SEX is typically defined as the sex designated on an individual's government-issued identification (e.g., birth certificate, driver's license, passport).
- SEX ASSIGNED AT BIRTH is the physiological designation or determination of sex at birth. SEX ASSIGNED AT BIRTH should be captured in a separate field in addition to LEGAL SEX.

Sexual Orientation and Gender Identity — SOGI Elements:

- SEXUAL ORIENTATION refers to an individual's emotional, romantic, and outward sexual attraction to others (e.g., heterosexual, homosexual, bisexual, pansexual, asexual, queer).
- GENDER IDENTITY (Gender Harmony) may or may not be the same as the LEGAL SEX and is typically expressed by the patient.

Pronouns

Organizations may choose to maintain a PRONOUNS field to support respectful communication. A minimum set of [pronouns](#) is listed in the following table:

Table 16: Pronouns

TERM	DEFINITION
He, Him, His, Himself	Masculine Pronouns; Male Pronouns; He/Him Pronouns
She, Her, Hers, Herself	Feminine Pronouns; Female Pronouns; She/Her Pronouns
They, Them, Their, Theirs, Themselves	They/Them Pronouns; They, Them, Their, Theirs, Themselves; Nonbinary Pronouns
Uses Other Pronouns	Other; Other (Please Specify); Other Pronoun Set; Another Pronoun Set; Other Pronouns; Other Pronouns Used
Unknown Pronouns	Unknown; used in situations wherein no pronouns can be asked (young children, infants, neonates, etc.).

Related Person(s)

A related person's name is defined in ONC's USCDI as "Name of a person with a legal or familial relationship to a patient." Education and training must be provided on a scheduled basis to raise awareness of those individuals who may be linked to the patient as this may affect how and why names are entered into the MPI/EMPI.

Examples of related persons include guarantor, insured, legal guardian, same-sex parent, non-custodian parent, caregiver (daughter, son, mother, father, friend, life-partner, care professional, advocate).

Name Changing And Updating

Organizations may have varying policies regarding when a patient's name should be updated. AHIMA recommends that name updates occur as soon as it is safe and appropriate to do so, including during hospitalization.

For name changes that fall outside the scenarios outlined in AHIMA's Patient Naming Framework, it is recommended to follow the HIPAA Privacy Rule regarding Requests to Amend. This approach helps reconcile incomplete or inconsistent patient names across systems. Supporting documentation should be required to validate and authorize the name change.

Test Patients

When creating test patients in a hospital or health IT environment (EHR, billing, coding, interfaces, analytics, training), the safest and compliant approach is to use synthetic, non-real, non-identifiable patient identities that cannot be confused with actual patients.

AHIMA advises using a process to clearly identify the TEST NAME. To maintain data quality, test records should be excluded from clinical workflows, billing, and analytics. Regular audits should be conducted to identify and clean up any test or unidentified records that may have been inadvertently used in live systems.

AHIMA recommends referencing the patient as Test patient and incorporating the system into the name. Names must follow the naming format "ZZZTest, [Identifier]" with synthetic DOBs (e.g., 01/01/2000) and test-only demographic elements (e.g., 555 phone numbers). At no time may real patient, staff, or public figures' information be used for testing, training, demonstrations, or interface workflows.

- **LAST NAME:** TEST PATIENT or TEST-PATIENT; or ZZZTEST
- **FIRST NAME:** VCH 1; or application PACS1

Table 17: Samples of Test Patient Production Names

NAME	FIRST NAME	MIDDLE NAME	LAST NAME
PACS1 ZZZTEST	PACS1		ZZZTEST
PACS1 TEST-PATIENT	PACS1		TEST-PATIENT
HEARTLABS1 ZZZTEST	HEARTLABS1		ZZZTEST

1. **ACTOR:** Office of the National Coordinator for Health Information Technology (ONC) describes "actors" regulated by the information blocking provision as: health care providers; health IT developers of certified health IT; and Health Information Networks (HINs) and Health Information Exchanges (HIEs).
2. **ADOPTION AT BIRTH:** A child whose birth or biological parents have relinquished parental rights, which constitutes the assignment of a temporary naming convention before the birth certificate is complete.
3. **ALIAS:** A name used by a patient that is not their legal name. It often implies a different, assumed identity, and its use may be for various reasons, including concealing identity (e.g., for privacy, security, or legal/criminal purposes), or as a professional or stage name (e.g., a writer's pseudonym). It can be thought of as an "also known as" name.
4. **ALTERNATIVE NAME:** A broad term for any name other than a patient's current legal name. This can encompass other given names (i.e., maiden names, previous married names), aliases, and nicknames. It is often used to ensure a comprehensive record of all names an individual has used.
5. **OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY (ONC):** ONC is at the forefront of the administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide, standards-based health information exchange to improve health care. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).
6. **BIRTH PRONOUNS:** In situations where parents request a preferred pronoun to be documented for their child. See PRONOUN section for more information.
7. **COMPLETE LEGAL NAME:** All names that appear on their government-issued identification.
8. **DATA QUALITY AND INTEGRITY:** Data quality refers to how well the data meets its intended purpose. It is a measure of the data's fitness for use. In patient identity management, high-quality data is accurate, complete, consistent, and timely. Data integrity is the assurance that data remains unaltered and uncorrupted throughout its entire lifecycle. Data integrity is a prerequisite for good data quality.
9. **DEMOGRAPHICS:** Patient demographic data refers to the non-clinical data that identifies a patient and provides a snapshot of their personal characteristics, including name, date of birth, address, phone number, email address, sex, race, etc.
10. **DIGITAL FRONT DOORS:** Technologies such as kiosks, mobile apps, or online portals that allow individuals to enter or update their own demographic information.
11. **DUPLICATE:** A duplicate patient record occurs when a single patient has more than one medical record in the same healthcare system. The patient's information is fragmented, with different parts of their medical history stored in different records. This is the most common data integrity issue. See Overlap for associated term.
12. **FAMILY NAME:** Also known as SURNAME or LAST NAME.
13. **FETAL CARE:** Clinical care of a fetus prior to live birth.

14. **FIRST NAME:** Patient's first name(s) as it appears on their government-issued identification. Also known as GIVEN NAME. May also be known as PRIMARY NAME.
15. **GENDER:** Gender is defined as a patient's inner sense of being a girl/woman/female/feminine, boy/man/male/masculine, nonbinary, something else, or having no gender.
16. **GENDER IDENTITY:** An individual's deep, innate understanding that each patient has of their individual identity as a man, a woman, or in some cases, another gender.
17. **GIVEN NAME:** Patient's first name(s) as it appears on their government-issued identification. See FIRST NAME.
18. **INTEROPERABILITY:** The ability of different health information systems and software applications to communicate, exchange, and use data effectively.
19. **LAST NAME:** Patient's last name(s) or surname(s) as it appears on their government-issued identification. May also be known as SURNAME or SECONDARY NAME.
20. **LEGAL NAME:** A patient's full name that is recorded on legal tender such as a state-issued birth certificate or documentation because of legal procedures such as name change.
21. **LEGAL SEX:** Sex represented on a government-issued identification.
22. **MAIDEN NAME:** See PREVIOUS NAME.
23. **MASTER PATIENT INDEX (MPI)/ENTERPRISE MASTER PERSON INDEX (EMPI):** A master patient index (MPI) is an index of known patients within a single organization whose visits are linked together by a single identifier, typically the medical record number. MPI management activities typically pertain to a software application that identifies, coordinates, and lists database information. An enterprise master person/patient index (EMPI) is a software application that identifies persons in an integrated delivery network (IDN) across disparate registration, scheduling, financial, and clinical systems.
24. **MIDDLE NAME:** Patient's middle name(s) as it appears on their government-issued identification.
25. **MULTIPLE BIRTHS:** The live birth of two or more infants from the same pregnancy (e.g., twins, triplets, quadruplets). This is a unique scenario that requires specific procedures to ensure each infant receives their own distinct and accurate health record from the moment of birth.
26. **MULTIPLE NAMES:** Patients may have more than one FIRST, MIDDLE, or LAST NAME.
27. **NAMING POLICY:** Organizational policy that provides structure for data entry and collection of essential data elements in health IT systems.
28. **NEWBORN:** An infant from the time of birth until receiving a LEGAL NAME. A temporary newborn record is designed to be a clear placeholder. Once the parents or guardians provide a legal name, the temporary name is replaced with the official legal name.
29. **NICKNAME:** An informal, familiar name often used by friends and family. It is not a legal name and is typically a shortened version or a derivative of the legal name (e.g., "Bill" for William). A nickname is not necessarily listed on a patient's government-issued identification.
30. **OTHER GIVEN NAME:** Any additional given (first) names beyond the individual's primary or legal given name. These may include secondary, tertiary, or culturally significant given names that are part of the patient's full legal name but are not captured in the primary "First Name" or "Middle Name" fields.

31. **OVERLAP:** An overlap is a specific type of duplicate record that occurs when a patient has two or more records within the same system or across different facilities within the same healthcare enterprise. This is a common problem in large, integrated health systems where multiple hospitals or clinics use different, non-interoperable EHR systems.
32. **OVERLAY:** An overlay is considered the most dangerous type of patient misidentification. It occurs when a single medical record contains information from two or more different patients. An overlay occurs when the incorrect patient is registered, admitted, or documented on another patient's record.
33. **PARSE:** In the context of patient demographics, parsing is the process of breaking down a string of unstructured or semi-structured data into its individual, discrete, and meaningful components. This is a critical step in data capture and management because it converts raw text into a structured format that can be stored, analyzed, and used for patient matching.
34. **PATIENT SELF-IDENTIFIED:** Sexual orientation and gender identity information that the patient provides at the point of registration or to a clinician. The information may not match legal documentation.
35. **PREFERRED NAME:** A name a patient wishes to be called in each context, which may differ from their legal name. A preferred name is not necessarily listed on the patient's government-issued identification.
36. **PREFIX:** A title or honorific placed before a patient's name to indicate their status, profession, or social standing. Prefixes are often used to show respect or provide a specific context for the individual. They are not part of the patient's legal name.
37. **PREVIOUS NAME:** Any prior or former legal name (FIRST, MIDDLE, LAST) the patient may have used.
38. **PRONOUNS:** Used as a substitute for a noun in a name, however, may not reflect the sex assigned at birth.
39. **SAFE HAVEN BABY:** When a baby is relinquished to a designated location consistent with the state's safe haven law. (Also known as Baby Moses, Safe Surrender)
40. **SEX ASSIGNED AT BIRTH:** Sex assigned at birth (e.g. - Male, Female, Undetermined)
41. **SEX UNDETERMINED:** The sex cannot be determined at birth.
42. **SEXUAL ORIENTATION:** An individual's sexual or romantic attractions (e.g. — Heterosexual, Gay, Lesbian, Bisexual, Queer).
43. **SHELL RECORDS:** Chart created for an anticipated newborn prior to birth for the purposes of charting.
44. **SINGLE BIRTH:** Live birth of one infant.
45. **SINGLE LEGAL NAME:** Patient's FIRST, MIDDLE, and LAST NAMEs are represented on their government-issued identification as a single name.
46. **SUFFIX:** A name component placed after a patient's name. It can serve several purposes, including indicating generational distinctions, academic degrees, or military and professional ranks. Like prefixes, suffixes are not a formal part of the legal name but provide important identifying context.
47. **SURNAME:** Also known as LAST NAME or FAMILY NAME.

48. **TEST PATIENT:** A fictitious or non-real patient record used in a live or production healthcare system for training, system testing, and troubleshooting. These records are created with a fake name and are often flagged with a specific "test patient" indicator to ensure they are never confused with a real patient's data or accidentally matched to a real patient.
49. **THIRD-PARTY SYSTEM INTEGRATION:** The process of incorporating data from external systems (e.g., insurance, labs) into a healthcare system, which may affect how names are captured or displayed. Includes laboratories, blood bank, radiology, or pharmacy may send patient data to the MPI/EMPI.
50. **TRUNCATE:** Shortening characters in a name field to accommodate field length where the number of characters available for entry is less than those required for entering the entire name.
51. **TWIN BIRTH:** Live birth of two infants.
52. **UNIDENTIFIED INDIVIDUAL:** A patient who presents for care without being able to be identified by their legal name or other standard identifiers. This often occurs in emergency situations when a patient is unconscious, unresponsive, or otherwise unable to provide information. Does not refer to newborns or fetal care. See NEWBORN and FETAL CARE.
53. **VIP:** In a healthcare context, this is not a name but rather a privacy designation or status assigned to a patient. A VIP (Very Important Patient) flag is used to protect the patient's identity and privacy, often for public figures, celebrities, or individuals whose safety or privacy is at risk.

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APPENDIX A — PATIENT NAMING FRAMEWORK TABLES REFERENCE

TABLE NUMBER	TABLE TITLE	PAGE
Table 1A	Forms of Identification — Primary and Secondary Sources	10
Table 1B	Pediatric Sources for Identification	11
Table 2	Complete Legal Name Examples	11
Table 3	First Name Field	12
Table 4	Middle Name Field	12
Table 5	Last Name Field	12
Table 6	Suffix Examples	14
Table 7	Hyphens, Apostrophes, and Punctuation	14
Table 8	Single Legal Name	16
Table 9	Recording Multiple/Multicultural Names	17
Table 10	Cultural Variation Name	17
Table 11	Chinese Surname Reference Table	18
Table 12A	Single Birth Examples	19
Table 12B	Newborns With Identical Mother's First And Last Names	19
Table 13	Multiple Birth Examples	19
Table 14	Fetal Care	21
Table 15	Nickname Examples	22
Table 16	Pronouns	23
Table 17	Samples of Test Patient Production Names	24

APPENDIX B — GAP ANALYSIS AND ASSESSMENT TOOL

This gap analysis tool allows healthcare organizations to assess their current patient naming policies and practices against **AHIMA's 2026 Patient Naming Framework** recommendations.

How To Complete This Assessment:

- Review each recommendation in the table below
- Assess whether your organization has a policy or practice in place that aligns with the recommendations
- Mark the appropriate response in the “Compliance Status” column: YES = Policy/practice fully in place and consistently followed; PARTIAL = Policy/practice exists but not consistently implemented; NO = No policy or practice in place; N/A = Not applicable to your organization
- Use the “Notes/Action Items” column to document current state, gaps, or planned improvements
- Focus on HIGH priority items first if conducting a phased implementation

Calculating Your Score: Count total YES responses and divide by total applicable items (excluding N/A) to calculate your compliance percentage. A score of 80 percent or higher indicates strong alignment with AHIMA recommendations.

A Note on This Analysis and Assessment Tool

While the 2026 AHIMA Patient Naming Framework is organized into four primary content areas — Complete Legal Name, Additional Naming Recommendations, Newborn Naming, and Other Identification Guidance — this Gap Analysis and Assessment Tool expands to six sections. Two additional areas have been included to support a more comprehensive organizational assessment:

- **Section 5: Multicultural and Special Populations** capture operational considerations for diverse naming conventions and vulnerable or high-risk populations that are woven throughout the Patient Naming Framework but benefit from consolidated review.
- **Section 6: Operational and Technical Considerations** addresses the system-level and workflow requirements necessary to implement the Patient Naming Framework effectively, including MPI/EMPI entry channels, interoperability standards, and vendor engagement.

Organizations are encouraged to assess all six sections to gain a complete picture of their current alignment with AHIMA's recommended practices.

Section 1: Complete Legal Name

#	PRIORITY	AHIMA RECOMMENDATION	COMPLIANCE STATUS	NOTES/ACTION ITEMS
1	HIGH	Government-issued ID verification required as primary source for legal name	YES / PARTIAL / NO / N/A	
2	HIGH	Last name captured exactly as it appears on government-issued ID	YES / PARTIAL / NO / N/A	
3	HIGH	Policy in place for singular last name	YES / PARTIAL / NO / N/A	
4	HIGH	Policy for two last names with space separator	YES / PARTIAL / NO / N/A	
5	MED	Policy for two last names with hyphen separator	YES / PARTIAL / NO / N/A	
6	MED	Policy for three or more last names with space	YES / PARTIAL / NO / N/A	
7	MED	Policy for three or more last names with hyphen	YES / PARTIAL / NO / N/A	
8	HIGH	First name captured exactly as it appears on government-issued ID	YES / PARTIAL / NO / N/A	
9	HIGH	Policy in place for singular first name	YES / PARTIAL / NO / N/A	
10	MED	Policy for two first names with space separator	YES / PARTIAL / NO / N/A	
11	MED	Policy for two or more first names with space	YES / PARTIAL / NO / N/A	
12	MED	Policy for two first names with hyphen	YES / PARTIAL / NO / N/A	
13	HIGH	First name initial recorded without period (e.g., "C" not "C.")	YES / PARTIAL / NO / N/A	
14	HIGH	Middle name captured exactly as it appears on government-issued ID	YES / PARTIAL / NO / N/A	
15	HIGH	Policy for singular middle name	YES / PARTIAL / NO / N/A	
16	MED	Policy for two middle names with space separator	YES / PARTIAL / NO / N/A	
17	MED	Policy for two middle names with hyphen or space	YES / PARTIAL / NO / N/A	
18	HIGH	Middle name field left blank if patient has no legal middle name	YES / PARTIAL / NO / N/A	
19	HIGH	Middle name initial recorded without period (e.g., "M" not "M.")	YES / PARTIAL / NO / N/A	
20	MED	Process for verifying most complete name when two government IDs show different formats	YES / PARTIAL / NO / N/A	

Section 2: Additional Naming Recommendations

#	PRIORITY	AHIMA RECOMMENDATION	COMPLIANCE STATUS	NOTES/ACTION ITEMS
1	HIGH	Hyphens captured in name fields with no space on either side	YES / PARTIAL / NO / N/A	
2	HIGH	Periods not collected after initials in any name field	YES / PARTIAL / NO / N/A	
3	HIGH	Apostrophes converted (e.g., O'Donnell becomes ODonnell)	YES / PARTIAL / NO / N/A	
4	HIGH	Periods in names converted (e.g., St. James becomes Saint James)	YES / PARTIAL / NO / N/A	
5	MED	Parsing capability for documents to provide discrete data elements	YES / PARTIAL / NO / N/A	
6	HIGH	Policy against truncating names in name fields	YES / PARTIAL / NO / N/A	
7	MED	Vendor engagement to expand field lengths if truncation is unavoidable	YES / PARTIAL / NO / N/A	
8	LOW	If truncation unavoidable, truncate from end of name (not abbreviate)	YES / PARTIAL / NO / N/A	
9	MED	Controlled vocabulary implemented for prefixes and suffixes	YES / PARTIAL / NO / N/A	
10	HIGH	Prefixes NOT entered into first name field	YES / PARTIAL / NO / N/A	
11	MED	Professional/religious prefixes captured in separate field (Dr, Rev, Prof)	YES / PARTIAL / NO / N/A	
12	LOW	Cultural prefixes captured when appropriate (Mr, Mrs, Miss)	YES / PARTIAL / NO / N/A	
13	HIGH	Suffixes captured exactly as listed on government-issued ID	YES / PARTIAL / NO / N/A	
14	HIGH	Suffixes captured in all CAPS (e.g., JR, SR, II, III, IV, V)	YES / PARTIAL / NO / N/A	
15	MED	Military/rank suffixes supported (RET, MAJ, COL, SGT)	YES / PARTIAL / NO / N/A	
16	LOW	Educational/professional suffixes supported (PhD, EdD, MD, DDS, Esq)	YES / PARTIAL / NO / N/A	
17	HIGH	Numbers NOT used to represent suffixes in suffix field	YES / PARTIAL / NO / N/A	
18	HIGH	Periods NOT collected after suffixes	YES / PARTIAL / NO / N/A	
19	MED	Single legal names (mononyms) recorded in first OR last field per legal document	YES / PARTIAL / NO / N/A	
20	HIGH	System-generated randomized identifier used for unidentified individuals	YES / PARTIAL / NO / N/A	
21	MED	Report generated regularly to identify and update unidentified patients	YES / PARTIAL / NO / N/A	

Section 3: Newborn Naming

#	PRIORITY	AHIMA RECOMMENDATION	COMPLIANCE STATUS	NOTES/ACTION ITEMS
1	HIGH	Single birth: Sex concatenated with mother's first name (e.g., GIRLKATHERINE)	YES / PARTIAL / NO / N/A	
2	HIGH	Single birth: Mother's last name used for child's last name	YES / PARTIAL / NO / N/A	
3	HIGH	Single birth: Middle name field left intentionally blank	YES / PARTIAL / NO / N/A	
4	HIGH	Single birth: No spaces between sex and mother's first name	YES / PARTIAL / NO / N/A	
5	HIGH	Multiple births: Birth identifiers (numbers 1,2,3) used, not letters	YES / PARTIAL / NO / N/A	
6	HIGH	Twin births: Birth identifiers in temporary names (e.g., GIRL1KATHERINE)	YES / PARTIAL / NO / N/A	
7	MED	Policy for sex undetermined at birth (BABY prefix)	YES / PARTIAL / NO / N/A	
8	MED	Safe Haven/Safe Surrender: Defer to state naming legislation	YES / PARTIAL / NO / N/A	
9	MED	Re-identification guidance and process in place for safe haven/safe surrender cases	YES / PARTIAL / NO / N/A	
10	MED	Adoption at birth: Adoptive parent's last name used	YES / PARTIAL / NO / N/A	
11	MED	Surrogacy: Intended parent's last name per agreement	YES / PARTIAL / NO / N/A	
12	LOW	Birth pronouns documentation policy in place	YES / PARTIAL / NO / N/A	
13	MED	Policy for changing baby names while still in birth hospital encounter	YES / PARTIAL / NO / N/A	
14	LOW	Shell records policy for anticipated newborns	YES / PARTIAL / NO / N/A	
15	MED	Fetal care: Mother's last name used for fetus last name	YES / PARTIAL / NO / N/A	
16	MED	Fetal care: BABY + mother's first name for fetus first name	YES / PARTIAL / NO / N/A	
17	MED	Fetal care: Middle name field left intentionally blank	YES / PARTIAL / NO / N/A	
18	MED	Fetal care: Conversion to standard birth name after live birth	YES / PARTIAL / NO / N/A	
19	LOW	Stillbirth and fetal deaths: Organization-specific policy established	YES / PARTIAL / NO / N/A	

Section 4: Other Identification Guidance

#	PRIORITY	AHIMA RECOMMENDATION	COMPLIANCE STATUS	NOTES/ACTION ITEMS
1	HIGH	Separate field for preferred name (not in legal name fields)	YES / PARTIAL / NO / N/A	
2	HIGH	Nicknames NEVER collected as legal names	YES / PARTIAL / NO / N/A	
3	HIGH	Alias/alternative names field includes: other government IDs, names at other facilities, previous legal names, billing names, merged names, newborn names	YES / PARTIAL / NO / N/A	
4	MED	Cross-reference capability through alias field for married/divorced name changes	YES / PARTIAL / NO / N/A	
5	HIGH	Legal Sex documented (sex on current government-issued ID)	YES / PARTIAL / NO / N/A	
6	MED	Sex at Birth documented (sex on birth certificate)	YES / PARTIAL / NO / N/A	
7	MED	Legal Sex vs Sex at Birth distinction clearly understood by staff	YES / PARTIAL / NO / N/A	
8	LOW	Gender Identity (SOGI element) captured separately	YES / PARTIAL / NO / N/A	
9	LOW	Sexual Orientation (SOGI element) captured separately	YES / PARTIAL / NO / N/A	
10	MED	Pronouns captured using HL7® third person pronoun value set	YES / PARTIAL / NO / N/A	
11	LOW	Related person(s) documentation capability	YES / PARTIAL / NO / N/A	
12	MED	Name changing and updating policy established	YES / PARTIAL / NO / N/A	
13	MED	Test patient naming standards (TEST-PATIENT, ZZZTEST in production)	YES / PARTIAL / NO / N/A	

Section 5: Multicultural And Special Populations

#	PRIORITY	AHIMA RECOMMENDATION	COMPLIANCE STATUS	NOTES/ACTION ITEMS
1	MED	Policy addresses Spanish-speaker naming conventions (paternal/maternal surnames)	YES / PARTIAL / NO / N/A	
2	MED	Policy addresses Chinese naming conventions (surname first, given name order)	YES / PARTIAL / NO / N/A	
3	LOW	Staff trained on Chinese surname variants (e.g., Wang/Wong/Ong)	YES / PARTIAL / NO / N/A	
4	LOW	Policy addresses Tagalog/Filipino naming conventions	YES / PARTIAL / NO / N/A	
5	LOW	Policy addresses Vietnamese naming conventions	YES / PARTIAL / NO / N/A	
6	MED	Staff trained to clarify name components when government ID unclear	YES / PARTIAL / NO / N/A	
7	MED	Process for patients without government-issued ID at registration	YES / PARTIAL / NO / N/A	
8	MED	Pediatric identification sources documented (Medicaid, birth certificate, etc.)	YES / PARTIAL / NO / N/A	
9	LOW	Policy for incarcerated individuals (legal name vs. alias/street name)	YES / PARTIAL / NO / N/A	
10	LOW	Special handling patients' protocol (witness protection, VIP, domestic violence)	YES / PARTIAL / NO / N/A	

Section 6: Operational And Technical Considerations

#	PRIORITY	AHIMA RECOMMENDATION	COMPLIANCE STATUS	NOTES/ACTION ITEMS
1	HIGH	MPI/EMPI entry channel policies documented for: manual registration	YES / PARTIAL / NO / N/A	
2	HIGH	MPI/EMPI entry channel policies documented for: EHR integration	YES / PARTIAL / NO / N/A	
3	MED	MPI/EMPI entry channel policies documented for: HIE connectivity	YES / PARTIAL / NO / N/A	
4	MED	MPI/EMPI entry channel policies documented for: batch data loads	YES / PARTIAL / NO / N/A	
5	MED	MPI/EMPI entry channel policies documented for: patient portals/self-registration	YES / PARTIAL / NO / N/A	
6	LOW	MPI/EMPI entry channel policies documented for: third-party system interfaces	YES / PARTIAL / NO / N/A	
7	LOW	MPI/EMPI entry channel policies documented for: mobile health apps	YES / PARTIAL / NO / N/A	
8	LOW	MPI/EMPI entry channel policies documented for: EMS/field-based systems	YES / PARTIAL / NO / N/A	
9	HIGH	Alignment with HL7® and FHIR standards for interoperability	YES / PARTIAL / NO / N/A	
10	MED	Matching algorithms ignore punctuation differences	YES / PARTIAL / NO / N/A	
11	MED	System capabilities meet framework recommendations (no forced field limitations)	YES / PARTIAL / NO / N/A	
12	MED	Insurance card name vs. legal name alignment policy	YES / PARTIAL / NO / N/A	
13	HIGH	State-level legal naming requirements incorporated into policy	YES / PARTIAL / NO / N/A	

Gap Analysis Results Summary

Complete this summary after finishing your assessment to calculate your overall compliance score and identify priority action areas.

SECTION	TOTAL APPLICABLE ITEMS (Add all items in each section)	ITEMS W/ "YES" RESPONSE
Section 1: Complete Legal Name		
Section 2: Additional Naming Recommendations		
Section 3: Newborn Naming		
Section 4: Other Identification Guidance		
Section 5: Multicultural & Special Populations		
Section 6: Operational & Technical		
TOTAL		

Compliance Percentage Calculation:

$$(\text{Total YES responses} \div \text{Total Applicable Items}) \times 100 = \underline{\quad\quad} \%$$

Interpretation Guide:

- 90–100%: Excellent alignment with AHIMA Patient Naming Framework. Focus on maintaining standards and monitoring compliance.
- 80–89%: Strong alignment. Address remaining gaps through policy updates and staff training.
- 70–79%: Moderate alignment. Develop action plan to address gaps, prioritizing HIGH priority items.
- 60–69%: Significant gaps exist. Immediate action needed on HIGH priority items with executive support.
- Below 60%: Critical gaps. Recommend comprehensive policy review and possible consultant engagement.

Priority Action Plan

List your top 5–10 priority gaps to address based on HIGH priority items and patient safety considerations:

PRIORITY #	GAP IDENTIFIED	RESPONSIBLE PARTY	TARGET DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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