Dear Dane County Physician:

This LGBT-Friendliness Kit for Primary Care Physicians aims to improve your awareness of the health issues and health disparities of the lesbian, gay, bisexual, and transgender (LGBT) population and the visible friendliness of your clinic toward LGBT patients who may otherwise choose not to disclose their sexual orientation, gender identity, or sexual behaviors. The contents are summarized on the reverse of this letter.

Roughly one in twenty of your patients identifies as LGB or T. Even more of your patients who are not LGBT do not have strictly heterosexual sexual behaviors. If these estimates seem high, there are several reasons. These sexual and gender minorities are less likely to be insured, more reluctant to seek medical care because of fear of negative treatment or lack of insurance, and often too afraid to disclose their sexual orientations and sexual behaviors when they do seek health care.

Of all vulnerable populations, LGBT persons are uniquely disadvantaged because they may choose or be forced to conceal themselves and because they have unequal access to government protections compared to heterosexuals. Their lives are more stressful because of marginalization and stigmatization, and there are predictable medical consequences. For both personal and historical reasons, LGBT patients can be very cautious about sharing their identities with clinicians.

The Joint Commission and the Center for Medicare and Medicaid Services have released their own guidance and standards for how to best treat LGBT persons and their families, and hospitals are now using tools like the Human Rights Campaign’s Healthcare Equality Index to assess the appropriateness of their policies concerning the needs of LGBT patients and employees. However, given all these changes, it is important not to neglect the true core of quality patient-centered care: the physician-patient relationship. In that spirit, PRIDE in Healthcare members have prepared this kit for you.

PRIDE in Healthcare is a student organization of the University of Wisconsin School of Medicine and Public Health. Our name stands for Promoting Recognition of Identity, Dignity, and Equality in Healthcare. Our mission is to better the health and treatment of LGBT patients, to raise awareness of LGBT health disparities and their causes, and to cooperate with health care professionals and community members to eliminate them.

After reviewing the kit, please consider completing a three-minute assessment on http://tinyurl.com/PiHLFK. Your confidential feedback will help us to refine our materials and to provide you with more resources.

This project was made possible by a generous grant from the Dane County Medical Society.

On behalf of the PRIDE in Healthcare and our LGBT-Friendliness Kit for Primary Care Physicians Team, I thank you for taking the time to review the fruits of our labor.

Sincerely,

James Lehman, MPH
MD-MPH Program, Class of 2016
Co-founder, PRIDE in Healthcare
UW School of Medicine and Public Health
PRIDE in Healthcare has sent this **LGBT-Friendliness Kit for Primary Care Physicians** directly to 300 physicians in Dane County, Wisconsin. Most are primary care physicians, but a select number are other specialists so that we can evaluate the kit for different audiences. The kit has several components.

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<td><strong>Selected Resources.</strong></td>
<td>This brief, topically organized glossary of human sexuality terms reflects the contemporary understanding of human sexuality as it applies to medicine and public health.</td>
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<td><strong>Glossary of Terms and Concepts.</strong></td>
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<td><strong>LGBT Welcoming Provider Directory Registrations.</strong></td>
<td>These are registration forms for the Gay and Lesbian Medical Association’s national LGBT Welcoming Provider Directory and for OutReach LGBT Community Center’s local directory. These directories empower patients to find accepting and culturally competent physicians. The OutReach directory will be available on paper at OutReach LGBT Community Center, but you may also release your name and contact information for use on the OutReach website. Complete these registrations at any time.</td>
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<tr>
<td><strong>American Cancer Society Brochure.</strong></td>
<td>A sample brochure by ACS directed at LGBT persons. Instructions for ordering free brochures are available at <a href="http://www.cancer.org/cancer/app/get-free-information.aspx">http://www.cancer.org/cancer/app/get-free-information.aspx</a>. Use the search text <em>gay, lesbian,</em> and <em>LGBT</em> (one at a time) to return pertinent results.</td>
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<tr>
<td><strong>LGBT-Friendliness Decal.</strong></td>
<td>A decal has been selected for you based on your specialty. Visible affirmations of your clinic’s inclusiveness are important to fearful patients who scan your clinic for signs that it will be an accepting environment.</td>
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<tr>
<td><strong>Assessment Postcard.</strong></td>
<td>The postcard is your way of providing confidential feedback. It helps us and helps us help you. Depending on the responses, we can prepare and share supplemental materials on our website. Please try to complete and mail your assessment by April 15th, 2013.</td>
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Like what you see? The full kit is available for download from our website. Any future additions to the kit will also be made available on our website. Share this direct link with any of your colleagues:

[http://tinyurl.com/PiHLFK](http://tinyurl.com/PiHLFK)

uwmedstudents.com/prideinhealthcare prideinhealthcare@gmail.com
PRIDE in Healthcare carefully selected these resources for physicians to assist them in offering culturally competent, evidence-based care to LGBT patients. These and more are available on our blog (see the footer) under For Students/Professionals.

**Comprehensive**

**The Fenway Institute’s National LGBT Health Education Center** – [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)


Under Resources/Publications, see their “Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients.” GLMA prepares Top Ten guides for LGBT patients to bring up with their physicians (see Resources/For Patients). They also offer an online CME course on tobacco use and interventions for LGBT persons.

**Centers for Disease Control and Prevention’s LGBT Health page** – [http://www.cdc.gov/lgbthealth](http://www.cdc.gov/lgbthealth)

**Institute of Medicine website** – [http://www.iom.edu/](http://www.iom.edu/)

An IOM committee conducted a review assessing the state of the science on the health status of LGBT populations; identified research gaps and opportunities related to LGBT health; and outlined a research agenda that is assisting the NIH in enhancing its research efforts in this area. Search the IOM website for the report “The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.”

**Transgender Health**

**World Professional Association for Transgender Health (WPATH)** – [www.wpath.org](http://www.wpath.org)

WPATH is the world’s preeminent organization dedicated to evidence-based care, education, research, advocacy, public policy, and respect in transgender and transsexual health. Their *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, version 7 is available free on their website.

**UCSF – Center of Excellence for Transgender Health** – [http://transhealth.ucsf.edu](http://transhealth.ucsf.edu)

The Center’s primary care protocols (under Routine Care) are clearly organized by topic.

**TransLine** – [http://project-health.org/transline](http://project-health.org/transline)

TransLine is a national online transgender medical consultation service that offers health care providers up-to-date transgender clinical information and free individualized case consultation across a broad range of clinical transgender issues.
Mental Health


This website was created by the LGBT Issues Committee of the Group for the Advancement of Psychiatry (GAP) to teach psychiatry residents about caring for lesbian, gay, bisexual, transgender, and intersex patients. Impressive in both its breadth and depth, it should be useful to all health and mental health trainees and practitioners.

The LGBT Casebook (2012)

Edited by Petros Levounis, MD, MA, Jack Drescher, MD, and Mary E. Barber, MD, this book is an elegantly-written, rich resource that every psychiatrist should own. It is a masterfully organized exploration of everyday problems, concerns, and solutions for the professional treating LGBT persons with psychiatric diagnoses. Every physician can benefit from this casebook’s excellent treatment of the unique social conditions of sexual minorities. ISBN-13: 978-1585624218.

Disorders of Sex Development/Intersex

Accord Alliance – [http://www.accordalliance.org](http://www.accordalliance.org)

Accord Alliance promotes comprehensive and integrated approaches to care that enhance the health and well-being of people and families affected by disorders of sex development (DSD). (Persons with DSD sometimes use the term intersex for themselves, and the abbreviation LGBT sometimes is extended to LGBTI.) The Accord Alliance hosts “Clinical Guidelines for the Management of Disorders of Sex Development” and a “Handbook for Parents” by the Consortium on the Management of Disorders of Sex Development.

Community and Regional Resources

WI Department of Health Services LGBT Health website – [http://www.dhs.wisconsin.gov/lgbthealth](http://www.dhs.wisconsin.gov/lgbthealth)

This page is a treasure trove of LGBT health resources, some of which are great to have on hand for patients and some of which are for health care providers. Many of the resources are Wisconsin-or region-specific.


Among other things, we host educational events for our peers, many of which are part of our school’s video library, accessible online.

- The most popular has been our Overview of LGBT Health workshop. Watch it at [http://videos.med.wisc.edu/videos/42743](http://videos.med.wisc.edu/videos/42743)
- The materials for all our previous events can be downloaded at [http://tinyurl.com/PiHTalks](http://tinyurl.com/PiHTalks)


OutReach does many things to advance the health and happiness of the LGBT community in Dane County. They keep a registry of LGBT-friendly service providers, provide peer counseling, host social and support groups, and much more.


PFLAG supports and educates parents, family, and friends of LGBT persons and LGBT persons alike. Locally, they maintain a 24-hour helpline (608-848-2333) and should be the first stop for LGBT persons, family, and friends who could benefit from better social support.
Below are some common myths and misconceptions about sexual and gender minorities. They have been selected because of their direct relevance to medical care.

**Transvestitism (cross-dressing) is an indication that someone is transgender.** While transgender persons often dress differently to bring their gender expression in line with their identity, cross-dressing is often seen in non-transgender (cis-gender) persons and in performance styles like drag and many theatre traditions.

**Transgender people want hormone therapy and to eventually complete surgery.** Some are satisfied after changing their gender expression; others are satisfied with hormone therapy.

**If someone identifies as gay or lesbian, I can assume he or she has been sexually active only with members of the same sex.** Many people experiment sexually or have different sexual experiences for different reasons. Some try to pass as heterosexual; others only realize their sexual orientations later in life.

**Transgender men do not need to worry about Pap smears and mammograms.** Even transgender men (FTM) who transition surgically maintain parts of their original anatomy and require the appropriate screenings. Similarly, transwomen retain their prostates even after surgical genital alterations.

**All LGB or transgender patients should be referred to psychiatry.** Minority sexual orientations and gender identities are not intrinsically mental illnesses, but LGBT persons have higher risks of certain mental disorders due to the stresses of marginalization.

**Lesbians do not get STIs and do not need Pap smears.** Some vaginal infections that cannot be passed from women to men seem to be transmissible between women. HPV transmission between women is relatively common. Additionally, the majority of lesbians have had sex with men before.

**The sexual minorities are promiscuous.** Like heterosexuals, some are, and some are not. Sexual behavior cannot be assumed from sexual orientation, and that includes number and frequency of partners. That said, risky sexual behaviors are more likely in more homophobic communities and in persons with more extreme experiences of marginalization.

**Gays and lesbians do not have children, and someone who has children can be assumed to be heterosexual.** More than 1 in 3 lesbian women have given birth, and more than 1 in 6 gay men have fathered or adopted a child. Many more want children, and have unique needs relating to fertility and adoption.

**Bisexuality is not a permanent state.** It is true that many people go through periods of experimentation to better understand their sexual identities, and some people who identify as bisexual will later identify as heterosexual or homosexual. However, many also maintain a persistent attraction to both men and women.

**A minority sexual orientation requires a history of homosexual sex.** Like heterosexuals, sexual minorities are often aware of their sexual orientation before any sexual contact.

**A heterosexually married person can be assumed to have no other sex partners or has only opposite-sex partners.** Just as monogamy cannot be assumed from marriage, sexual behavior cannot be extrapolated from the appearance of being a “typical heterosexual.”
Sex: the genetic or anatomical distinction between male, female, or an intermediate state

Sexual behavior: the types and circumstances of one’s sexual contacts, which include number and frequency of partners, anatomical sex of partner(s), gender(s) of partner(s), relationship status with partner(s), body parts or accessories (toys) used, use of contraception or STI protection, altered mental status due to alcohol or other substances, etc.

Sexual orientation: an enduring pattern of attraction—emotional, romantic, sexual, or some combination of these—to the opposite sex, the same sex, both, neither, or to a particular gender identity

Gender identity: (1) internal (mental) feelings of masculine or feminine identity, both, or neither; (2) one’s selected gender label, whether male, female, transgender, or another identity (e.g., genderqueer)

Sexual identity: one’s conscious label of one’s sexuality, which may incorporate sexual orientation terms like gay or homosexual, straight or heterosexual, heteroflexible (“sometimes gay”), bisexual, queer, bisexual, and gender identity terms like male, female, transgender and genderqueer

Sexual minority: having a minority sexual identity

Gender expression: any and all personal traits and mannerisms which serve to communicate a person’s gender and gender identity

Genderqueer: a gender identity that does not fit into a masculine/feminine binary; sometimes shortened to queer

Queer: (1) a voluntary, self-selected label referring to one’s status as a sexual minority; (2) an abbreviation of genderqueer; (3) a derogatory term for gay men or men perceived to be feminine

Men who have sex with men (MSM) and women who have sex with women (WSW): categories that are used for epidemiology of sexual behavior; these terms classify persons by their sexual behavior rather than sexual orientation because some persons who identify themselves as heterosexual may be MSM or WSW; N.B., MSM and WSW are not mutually exclusive with the respective terms MSMW (men who have sex with men and women) and WSMW (women who have sex with men and women)

Disorders of Sex Development (DSD): congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical

Intersex: an identity term relating to Disorders of Sex Development; some persons with DSD embrace intersex as an identity in order to identify themselves as being anatomically between male and female

Transgender: having a gender identity that is discordant with the sex assigned at birth; those who are not transgender are sometimes called cis-gender

Transsexual: one who identifies with a gender that is discordant with the sex assigned and birth and who has transitioned or is transitioning hormonally and/or surgically

FTM: female-to-male, an abbreviation for a transgender person with female birth sex who now lives life as a man; a transgender man, often called a transman

MTF: male-to-female, an abbreviation for a transgender person with male birth sex who now lives life as a woman; a transgender woman, often called a transwoman
LGBT-Friendliness Kit for Primary Care Physicians

Clinic Assessment Checklist for LGBT-Friendliness

Intake and Record-keeping
- My intake forms differentiate between birth sex and current gender OR include transgender options (like MTF/transwoman and FTM/transman) OR allow open-response (like “other”).
- (If applicable) My intake forms include “domestic partnership” and/or “partnered” in addition to options like single/married/widowed/divorced.
- I know how to address a patient’s concerns about the inclusion of sexual identity in paper or electronic health records.

Clinic Environment
- Our non-discrimination policy is visible and includes sexual orientation and gender identity.
- I enforce my institution’s policy on treatment of sexual minority patients and employees.
- My office provides and displays some educational materials that are either LGBT-inclusive or LGBT-specific.

Linguistic Sensitivity
- My medical and non-medical staff understand that families come in many different shapes. When we interact with patients, our language non-presumptively conveys this understanding.
- My medical and non-medical staff understand how to use a transgender patient’s preferred pronouns.
- When I ask about a patient’s intimate relationships, I begin with non-presumptive questions like “Who lives with you?” and “Are you in a relationship?” rather than “Are you married?” and “Do you have a boyfriend?”
- My interviewing technique reflects that sexual orientation, sexual behavior, and gender identify cannot be predicted from one another.

Clinical Practice
- I can provide appropriate safe sex advice and immunizations based on a patient’s sexual orientation and behaviors.
- I understand LGBT cancer risks and other health disparities and provide appropriate screening. I know what screenings to provide transgender patients who are transitioning or have transitioned surgically.
- I know why advance directives are particularly important to non-heterosexual couples, and I counsel these patients to get the important protections that advance directives can provide.
- I understand and can explain family planning options that are available to same-sex couples.
- With transgender patients, I can distinguish between medical issues that are within my scope of practice and those that are outside my scope of practice, and I do not needlessly refer these patients away.
- I can locate community resources that are particular to or inclusive of LGBT persons and their health needs, like smoking cessation programs or Alcoholics Anonymous.
Even physicians who are familiar with the unique issues of sexual and gender minorities make mistakes. Professionals at every level of cultural competency often request advice about what stumbling blocks to avoid. Below, we identify some of the most common and most problematic stumbling blocks that may come up in your patient interactions.

**Using inappropriate clinical reasoning once a patient’s sexual minority status is known.** A gay man who has had the same exclusive sex partner for twenty years does not require a heightened scrutiny of HIV if both were tested in recent years. Likewise, gonococcus should not automatically replace streptococcus as the most suspected cause of bacterial pharyngitis in WSW until the history of sexual behaviors suggests otherwise.

**Overidentifying on the basis of having friends or family who are gay or lesbian.** Do not be too eager to bring up your gay friend/son/sibling. Among other things, this can come off as saying, “If I know one of you, I know all of you.”

**Mentioning the “homosexual lifestyle,” calling sexual orientation a “preference,” and avoiding sexual and gender minority terminology.** The terms *homosexual lifestyle* and *sexual preference* are likely to be interpreted as hostile. Similarly, avoiding the word *gay* when the patient self-identifies as gay can easily be interpreted as disinterest or rejection. It is usually effective to repeat back the term the patient uses for himself or herself.

**“I treat all of my patients the same.”** This sounds like an assertion that the status quo should be satisfactory for sexual and gender minorities. Many would disagree. It also implies that you think that you do not need to know much about patients in order to treat them.

**Failing to recognize intimate partner violence in same-sex couples.** Intimate partner violence occurs in same-sex couples—it is more prevalent in gay men than the general population and less prevalent in lesbian women than the general population. On the whole, physicians are worse at recognizing an abusive dynamic of power and control when the perpetrator is not a man and the victim is not a woman. Be prepared to screen for intimate partner violence in all relationships.

**Assuming that transgender persons want to be teaching opportunities.** Many transgender persons are happy to be involved in education of professionals, but a physician’s excitement about sharing a rare opportunity can easily lead to an unwanted and invasive-feeling parade of white coats.

**Failing to vocalize to LGBT patients that they do not deserve abuse or victimization.** Sexual and gender minorities are used to being told that mistreatment is their fault. Acknowledging that mistreatment is not deserved is essential for creating rapport. For all patients, it is important to affirm, “You do not deserve to be treated like this.”

**“Which one of you is the real mother?”** When same-sex partners are raising children, it is preferable to ask which is the *biological* mother or father. However, just as with opposite-sex couples, it should also not be presumed that either of two parents is biologically related to a child.

**“I have to ask–do you have sex with men, women, or both?”** While it is good to normalize questions about sensitive topics like sexual behavior, expressing reluctance is unlikely to make the patient feel comfortable and less likely to uncover medically useful information. A better way of normalizing is to use a variation on “I ask all my patients…”

uwmedstudents.com/prideinhealthcare prideinhealthcare@gmail.com
## Create a Free Provider Directory Listing

Please complete and return to:

1326 18th Street NW, Suite 22, Washington, DC 20036 or fax (202) 478-1500

You will be contacted with a username and password to update your online listing.

For questions, please email info@glma.org or call (202) 600-8037.

### LGBT Welcoming Healthcare Provider - Contact Information

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☐ Sign me up as Straight for Equality. (Visit [www.straightforequality.org](http://www.straightforequality.org) for more information.)

### GLMA’s Healthcare Equality Pledge

Lesbian, gay, bisexual, and transgender (LGBT) persons have a right to competent and sensitive healthcare providers, who understand their unique health concerns and treat them and their families with respect. To be listed in GLMA’s Provider Directory, you must affirm each of the statements below. To learn more about the unique healthcare concerns of LGBT individuals, we encourage you to read GLMA’s publication, "Creating a Welcoming Environment for LGBT Patients."

- I welcome lesbian, gay, bisexual and transgender individuals and families into my practice and offer all health services to patients on an equal basis, regardless of sexual orientation, gender identity, marital status, and other non-medically relevant factors.

- I believe that lesbian, gay, bisexual and transgender identities are within the spectrum of normal human experience and are not in themselves pathological, "unnatural," or sinful. I therefore do not promote or support attempts to change patients’ sexual orientation or gender identity.

- I respect the visitation and healthcare decision-making rights of lesbian, gay, bisexual and transgender patients/clients, their unmarried partners, their non-biological children, and any others they may define as family for the purposes of visitation and healthcare decision-making.

- I commit to taking steps to make my practice fully inclusive of lesbian, gay, bisexual and transgender persons as reflected in written forms, policies and procedures, appropriate training for all clinical and administrative staff, and standardized assessments.

- I commit to taking steps to learn about the unique health concerns of lesbian, gay, bisexual and transgender individuals and families so that I can provide the highest quality care to them.

By signing below, I agree that I have read and understand the above pledge and I affirm my commitment to nondiscrimination and creating a welcoming environment for lesbian, gay, bisexual and transgender persons in my practice, and I agree to GLMA’s Provider Directory Terms of Use.

Signature ________________________________ Date ___________________________

### Join GLMA for an Enhanced Provider Directory Listing

Benefits include: a personal statement, a photograph, affiliations and appointments, additional office addresses, email address and maps. **For more information, visit [www.glma.org](http://www.glma.org).**
LGBT Welcoming Healthcare Provider – Contact Information

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**Healthcare Equality Pledge**

Lesbian, gay, bisexual, and transgender (LGBT) persons have a right to competent and sensitive healthcare providers, who understand their unique health concerns and treat them and their families with respect. To be listed in OutReach’s Provider Directory, you must affirm each of the statements below.

1. I believe that lesbian, gay, bisexual and transgender identities are within the spectrum of normal human experience and are not in themselves pathological, "unnatural," or sinful. I therefore do not promote or support attempts to change patients’ sexual orientation or gender identity.

2. I respect the visitation and healthcare decision-making rights of lesbian, gay, bisexual and transgender patients/clients, their unmarried partners, their non-biological children, and any others they may define as family for the purposes of visitation and healthcare decision-making.

3. I commit to taking steps to make my practice fully inclusive of lesbian, gay, bisexual and transgender persons as reflected in written forms, policies and procedures, appropriate training for all clinical and administrative staff, and standardized assessments.

4. I commit to taking steps to learn about the unique health concerns of lesbian, gay, bisexual and transgender individuals and families so that I can provide the highest quality care to them.

5. I welcome lesbian, gay, bisexual and transgender individuals and families into my practice and offer all health services to patients on an equal basis, regardless of sexual orientation, gender identity, marital status, and other non-medically relevant factors.

By signing below, I agree that I have read and understand the above pledge and I affirm my commitment to nondiscrimination and creating a welcoming environment for lesbian, gay, bisexual and transgender persons in my practice.

By signing below, I consent to have a copy of this form publically available at Outreach LGBT Community Center.

Will you also allow Outreach to publish your name and contact info on their website?  □ Yes  □ No

Signature _____________________________ Date ____________