

# LGBT-Friendly Health Provider List Policy



Providers may be added to the list by submitting Affirmations' Community Standards of Practice Form (below) to the Health Services Coordinator. This will result in being listed on Affirmations' website as well as on hard copies of the list that are distributed at the center. Although not mandatory, LGBT sensitivity training is strongly recommended for each practice, clinic, or agency.

## List Removal

Providers may be removed from the referral list for the following reasons:

- 1) Contact information for a provider is no longer accurate and has not been updated.
- 2) Three or more general complaints have been received by Affirmations regarding services rendered, and these issues have not been resolved in an adequate manner.
- 3) If one or more complaints regarding sensitivity to the lesbian, gay, bisexual or transgender communities are reported, the office (including providers and all office staff) must participate in a 2 hour LGBT sensitivity training course provided by Affirmations within 3 months. The office will be suspended from the list until training is completed satisfactorily.
- 4) Affirmations Lesbian and Gay Community Center ultimately reserves the right to remove any agency or clinic from the list at any time.

## Community Standards of Practice

For Health Care Provider Referrals

**Please read and complete the form in its entirety.**

As a health care provider, I will uphold the ethical rights of all people regardless of race, national origin, religion, gender identity, disability or sexual orientation. I understand the following guidelines and agree to adhere to them.

- As a health care provider, I will establish, promote and effectively communicate an inclusive, non-discriminatory environment for lesbian, gay, bisexual and transgender patients.
- I will work towards ensuring that lesbian, gay, bisexual and transgender patients of all ages are subject to the same terms and conditions as heterosexuals.
- I will assure that comprehensive policies are implemented to prohibit discrimination in the delivery of services to lesbian, gay, bisexual and transgender patients and their families. For the purpose of these standards the terms "family" and "families" shall be broadly construed, and shall include but not be limited to relatives by blood, adoption, marriage or declaration of domestic partnership.
- I will also ensure that this office has comprehensive and easily accessible procedures in place for patients to file and resolve complaints alleging violations of these policies.
- Our office will develop and implement intake and assessment procedures to ensure that they meet the needs of lesbian, gay, bisexual and transgender patients of all ages and their families, reviewing existing procedures where necessary.
- The provider (s) and office staff will have a basic familiarity with lesbian, gay, bisexual and transgender issues as they pertain to services provided.
- All direct care staff will include, when appropriate, the domestic partners and/or other chosen family members of lesbian, gay, bisexual and transgender patients as they would include spouses and families of heterosexual patients in discussing diagnoses and treatment plans.
- All case management and treatment plans will include and address sexual orientation and gender identity where it is a necessary and appropriate issue in patient care.

- The provider(s) and the office staff will ensure the confidentiality of patient data, including information about sexual orientation and gender identity issues. Lesbian, gay, bisexual and transgender patients shall be informed about data collection that includes references to sexual orientation and/or gender identity, including in what circumstances such information may be disclosed, whether it will be disclosed as aggregate or individual information, whether personal identifiers may be disclosed, and how and by whom such information may be used.
- The provider's office will include lesbian, gay, bisexual and transgender people and their families in outreach and health promotion efforts.
- If the provider is connected to hospitals where they would send lesbian, gay, bisexual and transgender patients, the hospital board of directors and other institutional bodies shall be encouraged to have representation from these communities.

Name(s): \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Other info: \_\_\_\_\_

\_\_\_\_\_  
Therapist or Physician's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Specialty (if any)

\_\_\_\_\_  
Hospital Affiliation (if any)

Please list any insurance plans you accept:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have payment plans or sliding scale information you would like to include with your listing?

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in getting periodic e mail updates from the Health Services Dept. of Affirmations?

Yes No

**Mail or fax to: Knoll Larkin,  
Affirmations 195 W. Nine Mile Rd. Ferndale, MI 48220  
(248) 398-7105 x 26 (248) 541-1943 (fax)**

