



Community Standards of Practice For Health Care Provider Referrals

Please read and complete the form (three pages) 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/ institution has comprehensive and easily accessible procedures in place for patients to file and resolve complaints.
- Our office/institution 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 staff will have a basic familiarity with lesbian, gay, bisexual, and transgender issues as they pertain to services provided.
- All direct 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 staff will review confidentiality policies and ensure patient confidentiality, 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, whether personal identifiers may be disclosed, and how and by whom such information may be used.
- The health office/institution 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: (_____) _____ - _____

Fax: (_____) _____ - _____

Address: _____

City, State, Zip: _____

Email: _____

Web: _____

Other info:

Date: ____/____/____

Therapist or Physician's Signature _____

Specialty (if applicable)

Hospital Affiliation (if applicable)

Please list any insurance plans you accept:

Do you have sliding scale fees? Yes No

Do you offer payment plans? Yes No

Thank you! Please fax to: Logan Grimes, Lesbian Community Cancer Project (773) 388-8887. For more information call: Logan Grimes, Director of Training, (773) 561-4662 or email: logan@lccp.org.