



Affirmative Care for Transgender and Gender Non-Conforming People:

Best Practices for Front-line Health Care Staff

Updated Fall 2016



INTRODUCTION

Front-line staff play a key role in creating a health care environment that responds to the needs of transgender and gender non-conforming (TGNC) people. Everyone, no matter their gender identity or expression, appreciates friendly and courteous service. In addition, TGNC people have unique needs when interacting with the health care system. First and foremost, many TGNC people experience stigma and discrimination in their daily lives, including when seeking health care. In light of past adverse experiences in health care settings, many fear being treated disrespectfully by health care staff, which can lead them to delay necessary health care services. Additionally, the names that TGNC people use may not match those listed on their health insurance or medical records. Mistakes can easily be made when talking with patients as well as when coding and billing for insurance.

Issues and concerns from TGNC patients often arise at the front desk and in waiting areas because those are the first points of contact for most patients. These issues, however, are almost always unintentional and can be prevented by training all staff in some basic principles and strategies. This document was developed as a starting point to help train front-line health care employees to provide affirming services to TGNC patients (and all patients) at their organization.





What's Inside

Part 1

Provides background information on TGNC people and their health needs.

Part 2

Provides tips and strategies to improve communication and create a more affirming environment.

Suggested Methods for Using this Document

- Include this document in orientation packets for new hires. Provide a brief verbal introduction to the document and why it is included.
- Host a mandatory training on TGNC identities and health at your organization, or require staff to watch the webinar “Meeting the Health Care Needs of Transgender People,” which describes the information in this document (<http://www.lgbthealtheducation.org/lgbt-education/webinars/>).
- Hold a discussion afterwards around how to improve the environment of your organization. Distribute this document, and discuss how you will implement the best practices.
- Encourage staff to post the Best Practices Sheet (included on the last page of this document) near their work station.



Part 1:

Gaining a Better Understanding of TGNC People

WHAT DO WE MEAN BY TGNC?

TGNC stands for transgender and gender non-conforming people. Transgender people have a gender identity that does not align with the sex they were assigned at birth. When they are born, babies are assigned a sex by a doctor, typically based on their external genitalia. Sex could also be defined by chromosomes, internal anatomy, and even neurobiology in the brain, although these factors are not typically taken into account when a sex is assigned. Each person also has an internal sense of self, known as gender identity, which develops over the course of a person's life and which may change over time. For centuries, the idea that there are only two genders, which match two distinct physical sexes (masculine men/males and feminine women/females), has been assumed by most, but not all people in our society. As a child grows up, it is usually assumed that their gender identity and expression will correspond to the sex they were assigned at birth, and fit into this binary understanding of gender. Transgender people have an internal sense of their gender identity that does not match the one society may ex-

pect of them based on their sex assigned at birth. Nevertheless, knowledge of both sex assigned at birth and gender identity are essential elements of providing affirming, quality health care.

The transgender “umbrella” includes people who were assigned female sex at birth who now identify as men (transgender men or trans men) and people who were assigned male sex at birth who now identify as women (transgender women or trans women). It also includes people who identify as both a man and a woman, as neither, or as a gender somewhere in between these two points on the gender spectrum. These gender identities, which are outside of the binary identities of “man” and “woman,” are known as non-binary gender identities. A list of related terms (for example, non-binary and genderqueer) are included in our glossary. A person's gender identity develops and changes over the course of their life.

The ways in which a person presents their internal gender identity may be through their gender expression, which can include clothing, hair style,



or mannerisms, among other characteristics. However, gender expression does not necessarily correspond to either assigned sex at birth or gender identity, so we can never assume a person's gender identity based on their appearance or mannerisms. A gender non-conforming person is anyone who has a gender expression that does not conventionally align with the person's assigned sex at birth. For example, someone who was assigned female sex at birth may adopt a conventionally masculine gender expression. Many gender non-conforming people are not transgender. For example, a person who is assigned female at birth may identify as a woman, and may also wear more traditionally masculine clothing and hair styles. However, even gender non-conforming people who are not transgender can face harassment or physical violence. Both transgender and non-transgender people may conform to their community's expectations around gender expression for a number of reasons, whether due to habit, convenience, or as a matter of safety.

Often, TGNC people change their name or pronouns to align more closely with their gender identity. Some TGNC people take steps toward a gender transition. This can begin with a social transition (such as asking friends and family to use a different name and/or pronoun) and sometimes continues to include a medical transition (such as gender-affirming hormone therapy or surgery). The goal of any transition is to align outward presentation with internal gender identity, as inconsistency between the two can cause significant emotional distress. As a matter of their health and well-being, it is important for TGNC people to be respected and affirmed for who they are.

Glossary

There are many different identities that fall under the TGNC umbrella, and many terms used by TGNC people to describe themselves and their communities. Many TGNC people consider their gender identity to be fluid, and may change the way they identify over time. In addition, terminology itself changes over time. Keep in mind that definitions can vary greatly across communities and individuals, and that it is best to give all patients an opportunity to provide information on how they identify when seeking care. Here are some terms related to the experience of those who are TGNC; some are names of gender identities, while others describe elements of gender.

Agender (adj.)

Describes a person who identifies as having no gender.

Bigender (adj.)

Describes a person whose gender identity is a combination of two genders.

Cisgender (adj.)

A person whose gender identity and assigned sex at birth match (i.e., a person who is not transgender).

Gender affirming surgery (GAS) (noun)

Surgeries used to modify one's body to conform more with one's gender identity.

Gender binary (noun)

The idea that there are only two genders, male and female, and that a person must strictly fit into one category or the other.

Gender dysphoria (noun)

Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis.

Gender expression (noun)

The way a person acts, dresses, speaks, and behaves. This can be feminine, masculine, a combination of the two, or neither. Gender expression does not have to match assigned sex at birth or gender identity.

Gender fluid (adj.)

Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender at some times, and another gender at other times.

Gender identity (noun)

A person's internal sense of being a man/male, woman/female, both, neither, or another gender.

Gender non-conforming (adj.)

Describes a gender expression that differs from a given society's norms for males and females.

Gender role (noun)

A set of societal norms dictating what types of behaviors are generally considered acceptable, appropriate, or desirable for a person based on their actual or perceived sex.

Genderqueer (adj.)

Describes a person whose gender identity falls outside the traditional gender binary. Other terms for people whose gender identity falls outside the traditional gender binary include gender variant, gender expansive, etc. Sometimes written as gender queer.

Non-binary (adj.)

Describes a person whose gender identity falls outside the traditional gender binary. Sometimes abbreviated to NB or "enby." Some people identify as "non-binary," while others identify with another non-binary gender identity, such as genderqueer, gender fluid, or agender.

Pangender (adj.)

Describes a person whose gender identity is comprised of many genders.

Questioning (adj.)

Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.

Sex assigned at birth (noun)

The sex (male or female) given to a child at birth. Most often this is based on the child’s external anatomy. Also referred to as “assigned sex at birth.”

Trans man/transgender man/female-to-male (FTM) (noun)

A transgender person whose sex assigned at birth was female and whose gender identity is male. Some may use these terms to describe themselves, while some will just use the term “man.”

Trans woman/transgender woman/male-to-female (MTF) (noun)

A transgender person whose sex assigned at birth was male and whose gender identity is female. Some may use these terms to describe themselves, while some will just use the term “female.”

Transfeminine/Trans feminine (adj.)

Describes a person who was assigned male at birth, and who identifies with femininity to a greater extent than with masculinity.

Transgender (adj.)

Describes a person whose gender identity and assigned sex at birth do not match. Also used to include gender identities outside of male and female. Sometimes abbreviated as trans.

Transition (noun)

For transgender people, this refers to the process of coming to recognize, accept, and express one’s gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation and using medical interventions. Sometimes referred to as gender affirmation process.

Transmasculine/Trans masculine (adj.)

Describes a person who was assigned female at birth, and who identifies with masculinity to a greater extent than with femininity.

Transphobia (noun)

The fear of, discrimination against, or hatred of transgender or gender non-conforming people or those who are perceived as such.

Transsexual (adj.)

Sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions. Avoid using this term to describe transgender people unless they identify themselves as such, as it is largely outdated.

Two-Spirit (adj.)

A modern term connecting LGBT Native American and American Indian people with their cultures and tradition.

TERMS TO AVOID:

The following terms are considered offensive by most and should not be used: she-male, he-she, tranny, “real” woman, “real” man, transgendered, and “a transgender.”

WHAT DO WE KNOW ABOUT TGNC PEOPLE AND THEIR HEALTH NEEDS?

TGNC people face stigma, discrimination, and experience numerous health disparities. They often face difficulty finding affirming, quality care. Some health disparities include an increased risk of HIV infection among transgender women, especially transgender women of color in the U.S., and lower likelihood of preventative cancer screenings among transgender men. Unfortunately, many TGNC people face discrimination in health care settings, which discourages them from seeking out subsequent care.

Below is a summary of some of the research that has been collected on TGNC people. Learning about the challenges of being TGNC can increase awareness and sensitivity towards this population. Visit our website to watch short videos highlighting transgender voices, speaking to their experiences with health care (www.lgbthealtheducation.org/topic/transgender-health).

HOW MANY PEOPLE IDENTIFY AS TGNC?

The answer to this question is not known because very few surveys ask about gender identity. One 2016 report based on national data estimated that 0.6% of the U.S. population (approximately 1.4 million adults, or 3 out of every 500 people) identify as transgender.¹ In comparison, studies estimate that around 3.5% of the population identify as gay, lesbian, or bisexual.² Though little research has been done on the experiences of transgender people in the United States, results from the 2015 U.S. Trans Survey (the largest survey of transgender people to date, with over 27,000 respondents) will offer insight into the population. Research has also shown that about 60-76% of transgender people have used feminizing or masculinizing hormonal therapy,³ and about 20-40% have had some surgery to match their body with their gender identity.⁴ The decision of whether to have medical or surgical treatment is based purely on a person's relationship to their body for some, though cost of treatment is always a consideration. Nevertheless, while some insurance companies now cover gender-affirming medical and surgical treatments, it can still be difficult for many TGNC people to get coverage for treatment, or access to insurance in the first place.

DISCRIMINATION AND HEALTH DISPARITIES

The majority of TGNC people experience various forms of harassment and discrimination in their daily lives.⁵ Research has shown that up to 78% of TGNC people were harassed in school, and 57% experienced rejection from their families.³ In a 2013 survey of 452 TGNC people in Massachusetts, 65% of respondents reported experiencing discrimination in one or more public accommodations settings in the past 12 months. The settings in which discrimination was most frequently reported included transportation, retail, dining, public gathering locations, and health care.⁶ Because of discrimination, TGNC people are much more likely to be homeless, unemployed, and low income.^{3,4} Trying to cope with all of these issues can affect the health and well-being of TGNC people. For example, TGNC people have higher rates of alcohol use, drug use, depression, anxiety, and suicide attempts.^{3,4,7,8} One survey found that 41% had attempted suicide.³ In order to survive, some transgender women turn to sex work, which greatly increases their risk of HIV and other STIs, as well as the potential for experiencing gender-based sexual and physical violence.^{3,4,9}



BARRIERS TO HEALTH CARE

TGNC people face many barriers to receiving quality care. Sadly, many TGNC people avoid seeing a medical provider because they fear they will be discriminated against, humiliated, or misunderstood. In public settings, many TGNC people experience other people referring to them using gender-specific language that does not align with their gender identity. This is called being misgendered. This is particularly common for TGNC people with non-binary gender identities, who are continually addressed with binary gender-specific language (for example “sir,” or “ma’am”). One large study of TGNC people found that 28% had postponed necessary medical care when sick or injured, and 33% delayed or did not try to get preventive health care due to discrimination by health care providers.³ There is also a scarcity of health professionals who are trained in transgender medical and behavioral health care. Fifty percent of TGNC people report having to teach their doctors about transgender care.³

In addition, many TGNC people lack health insurance.^{3,4} This is often because employers won't hire them or families reject them. Even with insurance, TGNC people encounter barriers. For example, many insurance policies do not cover medical treatment for gender affirmation; and many policies will at least initially deny routine preventive care for body parts not deemed to be consistent with a person's gender identity (for example, a transgender man with “male” on his insurance may be denied coverage for a Pap test).

Due to these barriers, some TGNC people try to provide for their own care using the Internet, friends, and other non-medical people in their social circle. They may use medically-unmonitored and potentially dangerous hormones, silicone injections to enhance their appearance, or other treatments from illicit sources. This may lead to higher risk of illness and injury, further complicating already poor access to care.^{3,4}

Although accessing care is very difficult for many TGNC people, the good news is that gender affirmative care can create very positive health outcomes for TGNC people. For example, 78% of TGNC people who received some type of gender-affirming treatment or surgery reported they felt more comfortable at work, and their job performance greatly improved.³



Part 2:

Affirming Customer Service Strategies

INTRODUCTION TO CUSTOMER SERVICE STRATEGIES

Front desk and other front-line staff play a critical role in helping TGNC people feel welcome and get the health care services they need. The following section offers strategies for working with TGNC patients based on the customer service principles of communication, open-mindedness, responsiveness, accountability, reliability, and respect. Examples and scripts are included.



ADDRESSING PATIENTS

It is not always possible to know a person's gender identity based on their name, their appearance, or the sound of their voice. This is the case for all people, and not just TGNC people. When referring to patients you don't know, you may accidentally use the wrong name or pronouns, causing embarrassment, anger, or distress. One way to prevent this mistake is by addressing people—both in person and on the phone—without using any terms that indicate a gender. For example, instead of asking, “How may I help you, sir?” you can simply ask, “How may I help you?” You can also avoid using “Mr./Mrs./Miss/Ms.” by calling someone by their first name (if this is an acceptable practice in your organization) or by using their first and last name together. You can also avoid using a person's name, for example saying, “Excuse me, we're ready for you now. Please come this way.” You might also enter the waiting room and say, “Is anyone here to see Dr. X?”

It is also important to avoid gender-specific terms when talking to others about a patient. For example, rather than saying, “He is here for his appointment,” or, “She needs a follow-up appointment,” you can say, “The patient is here in the waiting room,” or “Dr. Reed's 11:30 patient is here.” If you do not know a patient's pronouns, it is best to avoid assuming them, and to instead use only their name. **Never**, however, refer to a person as “it” or “he-she.” For more terms to avoid, see our terms and definitions.

USING NAMES AND PRONOUNS

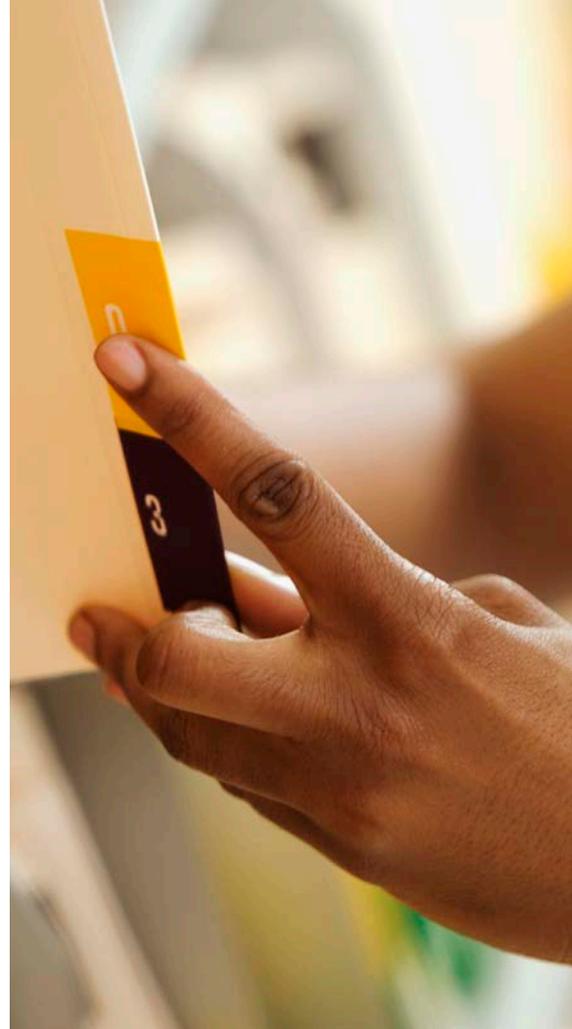
As previously discussed, many TGNC people change their name and legal sex designation to better match their gender identity. Some people change them officially on their legal documents, and some do not—for various reasons. Some, particularly people with non-binary gender identities, may create names for themselves that you may not have heard before, if they hope to avoid traditional associations with masculinity or femininity. If your organization does not collect this information, it is acceptable to politely ask a person what name they prefer to use. For example, you can say, “I would like to be respectful—how would you like to be addressed?” or, “What name would you like me/us to use?” Once a patient has given the name they use, it is very important for staff to use this name in all interactions.

It is also important to routinely ask for a patient's pronouns. While some TGNC people use common pronouns, such as she/her/hers and he/him/his, some, particularly non-binary people, use less common pronouns such as they/them/theirs, or ze/hir/hirs (pronounced zee/hear/hears). While asking for a patient's pronouns may not be second nature, it is a best practice, and one that anyone can become comfortable doing over time. Furthermore, collecting data on gender identity has been recommended by both the Institute of Medicine¹⁰ and the Joint Commission.¹¹ Data collection regarding gender identity is required by the U.S.'s Health Resources and Services Administration (HRSA) for all HRSA-funded health centers.¹² It is recommended to simultaneously collect name and pronouns used by the patient. For more information on collecting this data, see “Collecting Sexual Orientation and Gender Identity in Electronic Health Records,” published by The Fenway Institute. This practice allows all staff to see patients' identities and preferences, and to use them consistently. Creating such a system is helpful for non-TGNC patients too, since some patients might prefer to use nicknames or middle names, etc.

WHAT TO DO WHEN THE NAME AND SEX DESIGNATION ON RECORDS DO NOT MATCH

In settings that require insurance or use of third-party payers, TGNC patients often have a name and sex designation on record that do not match the name they use or their gender identity. Changing one's name and sex on identity documents and insurance records can be a complicated and lengthy process. Moreover, it can be difficult for TGNC patients to get certain medically necessary treatments if the sex on their insurance does not match their anatomy (for example, a transgender man can be denied coverage for mammography if his sex is recorded on insurance paperwork as male). It is important, therefore, that staff members are prepared for this possibility, and can ask for information without embarrassing or "outing" the patient.

In a situation where a patient's name or gender identity does not match their insurance or medical records, you can ask, "Could your chart be under a different name?" or, "What is the name on your insurance?" You can then cross-check identification by looking at date of birth and address. Never ask a person what their "real" name is. Patients may feel offended because this term assumes that the name they use is not "real." Further information on ways to address these issues can be found in Helpful Resources.



APOLOGIZING FOR MISTAKES

Clearly, it is not always possible to avoid making mistakes. If you do slip, you can say something like, "I apologize for using the wrong pronoun/name. I did not mean to disrespect you." It is also important to remember that many TGNC people have faced discrimination in health care in the past, which might lead them to anticipate negative experiences. If a patient responds negatively even after a well-intentioned mistake, try your best not to take it personally. A thoughtful apology can go a long way in changing their experience, even beyond your interaction.

Maintaining a Respectful Workplace Culture

Below are additional tips for creating a TGNC-affirming culture at your workplace.

Stay relaxed and make eye contact:

Speak with TGNC patients just as you speak with all of your patients.

Avoid asking unnecessary questions:

Some people are curious about what it means to be TGNC; some will want to ask questions. However, like everyone else, TGNC people want to keep their medical and personal lives private. Before asking a TGNC person a personal question, first ask yourself: *Is my question necessary for their care or am I asking it out of my own curiosity?* If it is out of your own curiosity, it is not appropriate to ask. Think instead about: *What do I know? What do I need to know? How can I ask for the information I need to know in a sensitive way?*

Do not gossip or joke about TGNC people:

Gossiping about someone's transition, or making fun of a person's efforts to change their gender expression, for example, should not be tolerated. In addition, only discuss a patient's TGNC identity with those who need to know for providing appropriate and sensitive care. This is consistent with policies concerning discussion of all patients.

Continue to use the name and pronouns indicated by the patient, even when they are not present:

This will help maintain respect for the patient and help other staff members learn the patient's preferences.

Create an environment of accountability:

Don't be afraid to politely correct your colleagues if they use the wrong names and pronouns, or if they make insensitive comments. Creating an environment of accountability and respect requires everyone to work together.

Case Scenario

This page offers an example of a positive client interaction. The scenario is between Claire Brooks, a transgender woman, and Danielle Colatino, a front desk receptionist. Claire's birth name was Charles, and she was assigned a male sex at birth. When Claire first started going to her health center, she was still using the name Charles and her gender expression was traditionally masculine, even though she identified as a woman at the time. Over the last few months, she has begun the gender affirmation process and is now asking people to call her Claire. Her primary care provider is aware that Claire is transitioning, but Claire's medical records, registration, and insurance forms remain under the name Charles Brooks, and her sex is listed as male.

When Claire comes in for an appointment, she approaches Danielle at the registration desk:

Danielle: Good afternoon. How may I help you?

Claire: Hello. I have an appointment with Dr. Brown at 2:30.

Danielle: Your name please?

Claire: Claire Brooks.

Danielle: Thank you. I'm sorry but I don't have you listed here. Might your appointment be under a different name?

Claire: Oh yes. It is probably under Charles Brooks. I've changed my name recently, but I guess it isn't in the records yet.

Danielle: Okay, it must not be. I have the appointment under Charles. Just to be sure we are using the right records, would you mind giving me your birthdate and current address?

Claire: Sure. It is November 12, 1987. I live at 10 Maple St. in Durham.

Danielle: Great. And are you still with the same insurance?



Claire: Yes I am.

Danielle: Okay, thank you. I will put a note here that the name you use is Claire. I will let Shavonne, the medical assistant, and Dr. Brown know. For billing purposes, the insurance records will need to remain under Charles unless you make the change yourself. Unfortunately, they won't let us do that for you but Shavonne can refer you to a website on how you can make that change. Do you have any questions?

Claire: No, that's fine. Thank you.

Danielle: Have a nice day.

Reflection Questions

- Can you picture yourself in this scenario?
- What might be different in your practice?
- What complications might arise and how would you address them?

Organizational Strategies for Creating a Gender-affirming Environment

There are several steps that management at health care organizations can take to support front-line staff in creating an environment of care that allows TGNC people to feel safe, included, and welcome. Here are some suggestions:

- Have a system to track and record gender identity, name used, and pronouns of all patients. Organizations that have Electronic Health Records (EHRs) can standardize the use of the notes field to document name and pronouns used for all patients. If EHRs are not in place, a name alert sticker can be used to flag the patient chart.
- Include “gender identity and expression” in your non-discrimination policies. Post those policies.
- If possible, have single-occupancy bathrooms that are not designated as male or female, but are marked as “All-Gender.” If this option is not possible, have a policy that allows TGNC patients to use the bathroom that most closely matches their gender identity.
- Provide annual trainings in TGNC cultural competency for staff. Train all new staff within 30 days of hire.
- Have clear lines of referral for complaints and questions from both staff and patients.
- Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, fielding complaints. This person should check in with staff regularly to address any issues that arise, and should offer a space for staff to voice questions and concerns in a non-judgmental atmosphere.
- Have procedures in place that hold staff accountable for making negative or discriminatory comments or actions against TGNC people. Make sure that all staff are aware of these procedures.



Helpful Resources

GENERAL INFORMATION ON TRANSGENDER HEALTH CARE

- World Professional Association for Transgender Health Standards of Care: www.wpath.org
- Center of Excellence for Transgender Health Primary Care Protocols: www.transhealth.ucsf.edu
- The Fenway Guide to LGBT Health, 2nd Edition, American College of Physicians: available at www.amazon.com/Fenway-Lesbian-Bisexual-Transgender-Health/dp/1938921003
- Transgender Health Information Program: www.transhealth.phsa.ca
- Transgender Law Center: Health Care Issues: www.transgenderlawcenter.org/issues/health

INSURANCE AND BILLING INFORMATION

- Medicare Benefits and Transgender People: www.transequality.org/sites/default/files/docs/kyr/MedicareAndTransPeople.pdf
- Human Rights Campaign: Finding Insurance for Transgender-Related Healthcare: www.hrc.org/resources/finding-insurance-for-transgender-related-healthcare

STRATEGIES FOR COLLECTING AND DOCUMENTING GENDER IDENTITY, NAMES, AND PRONOUNS IN REGISTRATION FORMS

- Collecting Sexual Orientation and Gender Identity in Electronic Health Records: available at www.lgbthealtheducation.org/lgbt-education/publications/
- Do Ask, Do Tell: A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings: www.doaskdotell.org

RESOURCES FOR PATIENTS ON CHANGING NAME AND GENDER ON LEGAL DOCUMENTS

- The Name Change Project from the Transgender Legal Defense and Education Fund: www.transgenderlegal.org/work_show.php?id=7
- Massachusetts Transgender Political Coalition: www.masstpc.org/publications/
- Transgender Law Center: www.transgenderlawcenter.org
- Health Care Rights and Transgender People: www.transequality.org/know-your-rights/healthcare

RESEARCH ON TRANSGENDER HEALTH

- National Transgender Discrimination Survey: www.transequality.org/issues/national-transgender-discrimination-survey
- Discrimination and Health in Massachusetts: A Statewide Survey of Transgender and Gender Nonconforming Adults: www.fenwayhealth.org/documents/the-fenway-institute/policy-briefs/The-Fenway-Institute-MTPC-Project-Voice-Report-July-2014.pdf

WHERE TO FIND TRAINING ON TRANSGENDER HEALTH CARE

- The National LGBT Health Education Center: www.lgbthealtheducation.org
- Center of Excellence for Transgender Health: www.transhealth.ucsf.edu
- Massachusetts Transgender Political Coalition: www.masstpc.org/projects/trainings.html

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Best Practices

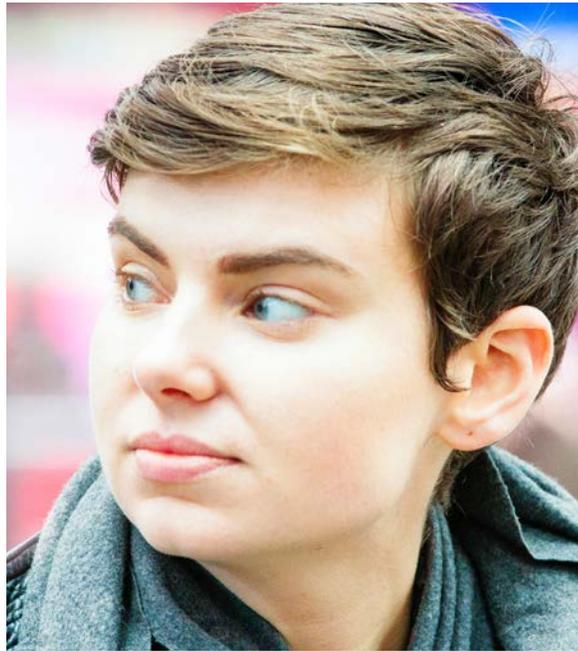
Creating an Affirming Environment for Transgender and Gender Non-Conforming Patients

BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender-specific terms like “sir” or “ma’am.”	“How may I help you today?”
When talking about patients, avoid pronouns or other gender-specific terms. If you have a record of the name used by the patient, use it in place of pronouns. Never refer to someone as “it.”	“Your patient is here in the waiting room.” “Max is here for a 3 o’clock appointment.”
Politely ask if you are unsure about a patient’s name or pronouns used.	“What name would you like us to use, and what are your pronouns?” “I would like to be respectful—how would you like to be addressed?”
Ask respectfully about names if they do not match in your records.	“Could your chart be under another name?” “What is the name on your insurance?”
Did you goof? Politely apologize.	“I apologize for using the wrong pronoun—I did not mean to disrespect you. How would you like for me to refer to you?”
Only ask information that is necessary for providing care.	Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

Post this sheet on your wall or desk as a helpful reminder!







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