

LGBTQ+ YOUTH SELF-ADVOCACY

REMEMBER

Your healthcare provider is working for you,
to meet your needs.

This is your body, therefore
healthcare decisions are up to you. (Yes,
No, and I'm Not Ready are all options.)

You deserve a healthy and thriving mind
and body, with respect and dignity in the
care you receive.

INFORMED CONSENT*
permission granted with full knowledge of the
possible consequences, risks, and benefits.

GENERAL TIPS

- Write down questions before you go in the room and have your list out when the appointment begins.
- Ask for the names of medications, procedures, and specialists to be written down for you before you leave.
- Before the appointment, call or send a message via the patient portal to ask questions about how the appointment will go. Such as, "Will there be any shots or tests at this visit?" or "Will I have time alone with the provider?"

*More information 

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**ELEMENTS OF
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INFORMED CONSENT

Before any action is taken you must fully agree (give consent) to proceed.

No information has been denied or withheld from you, nor the opportunity to seek out more information.

Can include legal, social, emotional, or physical results that the patient or provider is aware of.

Includes any known harmful impacts to your health or wellbeing.

Includes any known positive impacts to your health or wellbeing.

TWO MEANINGS OF INFORMED CONSENT

you have a right, as a patient, to only have done to your body the things you are fully aware of and agree to

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an increasingly common policy that so long as a patient is fully aware of the risks and benefits, they can choose what treatments are best without additional and unnecessary counseling, testing, or waiting (also known as **self-determination**).

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Start any interaction by introducing yourself with your name and birthday. You might say,

“ I WOULD LIKE TO [YOUR NEED]. MY LAST NAME IN YOUR SYSTEM IS [NAME], MY DATE OF BIRTH IS [DATE]. THE FIRST NAME I USE MAY NOT BE IN YOUR RECORDS YET BUT IT IS [NAME].”



APPOINTMENTS

Your appointment time and provider should work for you. Remember, you can always ask for information and then tell them you will call back once you decide.

“OKAY, I'VE FOUND YOU. WHAT KIND OF APPOINTMENT DO YOU NEED?”

Let them know what you want to be seen for and who you want to see; it might be helpful to have your calendar out and know when you can make it to their office.

“ I NEED AN APPOINTMENT FOR [ISSUE], THE PROVIDER I NEED TO SEE IS [NAME]. I AM ONLY AVAILABLE [TIMES & DAYS]. WHAT DO YOU HAVE AVAILABLE?”

If the scheduler suggests that you see a different provider who you aren't comfortable with, you might say:

“ I ONLY FEEL COMFORTABLE SEEING [NAME]. CAN YOU TELL ME THE OPTIONS FOR SEEING THEM?”

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TRANSPORTATION

If you have medicaid, transportation via cab / taxi to and from medical appointments is covered by your insurance. Your clinic should call to schedule the ride 2 or 3 days in advance. They will need your pick-up and drop-off location.

Bluecaid Cab: 1-888-803-4947 - Call 2 business days in advance.

Meridian Cab: 1-800-821-9369 - Call 3 business days in advance.

Molina Cab: 1-888-898-7969 - Call 3 business days in advance.

Midwest Cab: 1-888-654-2200 - Call 4 business days in advance.



“ I HAVE AN APPOINTMENT ON [DATE & TIME] AND I **DON'T HAVE A RIDE**. CAN YOU PLEASE CALL TODAY TO ARRANGE A CAB THROUGH MEDICAID?

If the clinic isn't aware of this service, let them know that this is a covered benefit through medicaid and give them the phone number associated with your plan (above).

“ I CANNOT SCHEDULE THE RIDE MYSELF BECAUSE THEY MUST SPEAK TO THE CLINIC FOR THE RIDE TO BE COVERED.

INSURANCE

If you do not have health insurance and would like more information about medicaid (free state health insurance), visit the medicaid office at Washtenaw County Health and Human Services at 22 Center St, Ypsilanti, MI 48198.

“ MAY I SPEAK WITH SOMEONE ABOUT MY OPTIONS FOR ENROLLING IN MEDICAID? I AM [AGE] AND CURRENTLY UNINSURED.

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CONFIDENTIAL COMMUNICATION

If you want to communicate confidentially with your provider and the option is not extended to you, here are some strategies:

- Look on the clinic's website for a patient portal. You may need to call to set up an account. Once you have an account, you should be able to send a direct message to the clinic. When calling to set up your account, ask:

“ IF I SEND A MESSAGE THROUGH THE PORTAL, WHO RECEIVES THE MESSAGE? WILL MY PARENTS BE ABLE TO SEE IT FROM THEIR PORTAL ACCOUNT?

- Prior to an appointment, call the clinic and request that specific time be set aside during your appointment for you to speak with the provider alone.

“ DURING MY APPOINTMENT ON [DATE] I'D LIKE TO MAKE SURE THERE IS TIME FOR ME TO SPEAK TO [NAME] WITHOUT MY PARENT PRESENT.

- If there is an e-mail address listed on the clinic website, e-mail them directly. (Heads up: Most e-mail is **not secure** and could be hacked.)
- Hand the front desk a piece of paper with your message and ask that it be passed directly to the provider.



IN MICHIGAN, PATIENTS AGE 16+ HAVE A LEGAL RIGHT TO CONFIDENTIALITY ABOUT SEXUAL, REPRODUCTIVE, MENTAL, AND SUBSTANCE RELATED HEALTHCARE.

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NAME & PRONOUN CHANGES

For billing purposes your clinic may need to have your name in the system the way it appears on your insurance (your legal name). They still have ways of showing your true name to providers and staff.

PLEASE MAKE A NOTE THAT MY NAME IS DIFFERENT THAN IT APPEARS ON MY INSURANCE. EVERYONE SHOULD CALL ME [NAME]. MY PRONOUNS ARE [X].

If you also see other specialists or go to an outside provider for testing, you may also want to add:

WILL YOU MAKE SURE THAT THE LAB / SPECIALISTS KNOW MY NAME AND PRONOUNS BEFORE I ARRIVE? THIS IS IMPORTANT TO ME.

ASKING ABOUT TESTING AND PROCEDURES

If the provider suggests a test or procedure and you need more information, don't hesitate to pause. It's your body and you deserve time to ask questions and become comfortable.

CAN WE SLOW DOWN? I HAVE A FEW QUESTIONS I'D LIKE TO ASK YOU FIRST.

DO YOU HAVE ANY RESOURCES ABOUT THIS? I'D LIKE TO LEARN MORE BEFORE I DECIDE WHETHER OR NOT THIS IS RIGHT FOR ME.



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DECLINING TESTS OR PROCEDURES

If your healthcare provider wants to order a test or perform a procedure that you do not want, it is your right to decline. Say no and be honest about your reasoning so that they can find an alternative that might work for you.

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I DO NOT WANT THIS BECAUSE...

I DON'T WANT TO BE TOUCHED [THERE/IN THAT WAY/BY THAT PERSON].

THE SIDE EFFECTS, ESPECIALLY [THIS FEELING/RESULT], ARE NOT OKAY WITH ME.

THE RISK OF [X] IS NOT OKAY WITH ME.

I DON'T HAVE THE [SUPPORT/ RESOURCES/ ACCESS] TO FOLLOW THROUGH WITH AFTER-CARE.

I CAN'T AFFORD IT / I DON'T HAVE THE MONEY.

I DON'T HAVE ENOUGH INFORMATION TO MAKE THIS DECISION TODAY.



If you would want the test/procedure if conditions were different...

“

THIS WOULD WORK BETTER FOR ME IF...

THE PROVIDER WAS [NAME/ROLE/GENDER].

THIS COULD BE DONE WITHOUT [X].

I COULD FIND SUPPORT AND COME BACK ANOTHER DAY.

I HAD TIME TO DO RESEARCH BEFORE MAKING A DECISION.

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ASKING FOR A TREATMENT OR SERVICE

If there is something you want your provider to do but they are not supporting your choice, there are a few things you can say or do.

- If you suspect your provider won't be supportive before you go to the office, write down the reasons you want or need this and bring them with you.



I NEED THIS BECAUSE...

I HAVE DONE A LOT OF RESEARCH AND THIS IS THE BEST OPTION FOR MY BODY/HEALTH.

THIS WILL IMPROVE MY LIFE BECAUSE [X].

WITHOUT THIS I WILL EXPERIENCE [Y, Z].

I AM WILLING TO ACCEPT THE RISKS.

I HAVE SUPPORT FROM THESE PEOPLE: [NAMES].

If your provider still won't provide what you prefer, you can try to work together to come up with other options. You might start with:



IS THERE ANOTHER OPTION YOU WOULD CONSIDER?

I AM MOST CONCERNED ABOUT [X].

I NEED [Y] FOR THIS TO WORK FOR ME.

HOW CAN I ACHIEVE [Z] ANOTHER WAY?

If you cannot agree on next steps, you can conclude the conversation with:



PLEASE RECORD THIS DENIAL OF CARE IN MY CHART.

I'D LIKE TO GET A SECOND OPINION.

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Community Health
Access Initiative



RESILIENCE +
RESISTANCE
COLLECTIVE



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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