



Create a Free Provider Directory Listing

Please complete and return to:

459 Fulton Street, Suite 107, San Francisco, CA 94102 or fax (415) 255-4784
You will be contacted with a username and password to update your online listing.
For questions, please email info@glma.org or call (415) 255-4547.

LGBT Welcoming Healthcare Provider - Contact Information

*Required Field

First Name*	MI	Last Name*	Degree(s)*
Organization	Department		
Street Address			
City	State	Zip	Province/Country
Phone*	Ext	Email*	
Specialties**	Client Focus**		Profession*
Types of Payment Accepted*			Community Partner Code (if applicable)
License Number*	Licensing Body*	Country*	State/Province*

** These fields will be best matched to our drop down menu. Listings can be edited after you receive your user name and password.

Sign me up as **Straight for Equality**. (Visit 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.
initial here

_____ 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.
initial here

_____ 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.
initial here

_____ 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.
initial here

_____ 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.
initial here

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.**