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Owner Wendy Insalaco:
Director of
Quality and
Model of Care
Area Clinical

Safe Place Policy

POLICY

Ashley will ensure that staff members interact with LGBTQ+ patients with professionalism, courtesy, and respect. Ashley has established guidelines for the safe, ethical, and appropriate assignment of rooms for transgender patients. A patient's transgender status or history of transition-related procedures may constitute protected health information, and action will be taken to limit disclosure to any person not directly involved in the treatment of that patient to the minimum necessary.

PURPOSE

This policy is designed to guide our work when caring for LGBTQ+ patients.

- To support Ashley's mission, "We transform and save lives by integrating the science of medicine, the art of therapy, and the compassion of spirituality."
- To support Ashley's purpose. "Where there is despair, Ashley brings hope."
- To support Ashley's value of offering all patients a plan for lifelong recovery in alignment with Ashley's core value of compassion – "I am with you."
- To promote compliance with the Title VI Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, Federal law (42 CFR §2.11), Health Insurance Portability and Accountability Act of 1996, Medicare, Medicaid, state law, The Joint Commission (TJC) Provisions of Care, Department of Health and Human Services Office of Minority Health National Standards on Culturally & Linguistically Appropriate Services (CLAS), and the Patient Protection and Affordable Care Act Section 1557.
- To promote compliance with Ashley's administrative nondiscrimination policy (Policy Stat ID 7930352). Treatment, care and services are provided without discrimination for any reason including race, religion, gender identity, sexual orientation, ethnicity, age, disability, or cultural

background.

DEFINITIONS

Gender - A set of social, psychological and emotional traits, often influenced by societal expectations that classify an individual as feminine, masculine, androgynous, or other

Gender Expression - refers to all of the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns, social roles and social interactions. A person's outward gender presentation (clothing, hairstyle, body expression), which may or may not be congruent with gender identity.

Gender Identity - a person's internal, deeply felt sense of being either male or female, man or woman, or something other or in-between; how individuals perceive themselves and what they call themselves; can be different from biological sex.

LGBTQ - acronym for "lesbian, gay, bisexual, transgender and queer."

Pronoun – Gender-specific pronouns are typically used for male-identified (he/him/his) and female-identified (she/her/hers) individuals. The pronoun "they" is the most commonly used English language gender-neutral pronoun.^[1]

Prosthetic – gender affirming device, artificial body part – ex. Packer, STP (Stand to Pee), etc.

Sex – biological characteristics of a person's body; male or female based on anatomy

Sexual Orientation - an enduring emotional, sexual, or romantic attraction to other people.

Transgender - describes people whose gender identity does not match the biological sex they were assigned at birth.

- **Female to Male (FTM)/Transgender Male/Trans Male** – an individual assigned female at birth but identifies as male
- **Male to Female (MTF)/Transgender Female/Trans Woman** – an individual assigned male at birth but identifies as a woman
- **Two-Spirit** - a person who has both a masculine and a feminine spirit, and is use by some Native American and First Nations people to describe their sexual, gender, and/or spiritual identity.

[1] Note: Other pronouns include Ze (or Zie)/Hir/Hirs and Ze (or Zie)/Zir/Zirs. A person's pronouns may change over the course of their life and are not necessarily tied to sex assigned at birth (Out & Equal Workplace Advocates: What's Your Pronoun? Strategies for Inclusion in the Workplace, May 2020). Some people prefer to choose their own pronouns, which may differ from the pronouns listed above. TIPS: Introduce yourself with your name and pronouns. Ask someone else to share what pronouns they use or how they would like to be addressed. Use inclusive pronoun practices when providing care to patients and their families to affirm their internal sense of self and self-identity. Avoid making assumptions based on a person's appearance or behavior. If someone points out that you have used an incorrect pronoun, thank them for pointing it out. If you make a mistake, acknowledge it, thank them for the correction, and correct your mistake.

GUIDING PRINCIPLES

Ashley Addiction Treatment (Ashley) strives to be a safe place for all patients and staff.

Ashley will not discriminate against any person on the basis of sexual orientation, gender identity, or gender expression. All patients have the right to competent, considerate, and respectful care in a safe setting that fosters their comfort and dignity and that is free from all forms of abuse and harassment, including abuse or harassment based on sexual orientation, gender identity, or gender expression.

This guidance concerns the care of patients at all Ashley programs and locations.

This policy applies and must be adhered to by all Ashley team members (providers, staff members, volunteers, vendors, etc.)

PROCEDURES

I. Administration

- A. LGBTQ+ patients will receive equitable care and be treated with respect to uphold their dignity. Patients' preferred pronouns will be used.
- B. Only staff who need to know will be informed of a patient's sexual orientation or gender identity.
- C. Persons not directly involved in the care or treatment of a transgender, non-binary, or gender-nonconforming patient will not be present during the patient's case discussion, consultation, examination, or treatment except for legitimate training purposes.
- D. Before observing or participating in a transgender, non-binary, or gender-nonconforming patient's case discussion, consultation, examination, or treatment for training purposes, trainees will be trained to ensure discussion, consultation, examination and treatment is conducted discreetly.
- E. Transgender, non-binary, and gender-nonconforming patients have the right to refuse to be examined, observed, or treated by particular facility team members, without jeopardizing the patient's access to medical care, including psychiatric and psychological care. These patients have the right to select a facility team member, if available, with whom they feel more comfortable.
- F. All Ashley staff receive Safe Place training.

II. Clinical

- A. Transgender patients will be addressed and referred to on the basis of their self-identified gender, using their pronouns and name, regardless of the patient's appearance, surgical history, legal name, or sex assigned at birth. If the patient's family members suggest that the patient is of a gender different from that with which the patient self-identifies, the patient's view will be honored.
- B. Ashley team members (i.e., providers, staff members, volunteers, vendors, etc.) will not use language or tone that a reasonable person would consider to demean, question, or invalidate a patient's actual or perceived gender identity or expression.

- C. Team members will defer to and use the patient's pronouns, name, and gender identity.
1. Team member will discreetly and politely ask the patient for the pronouns the patient uses.
 2. If the patient does not have a preference, the pronoun "they" is used.
 3. If a team member uses an incorrect pronoun, they will confirm the error and use the pronoun as corrected by the patient (or another team member).
- D. BPSA history supplemental (Not applicable to Outpatient Programming)–the Counselor will ask the following additional questions for those patients who identify as LGBTQ++ and record their responses in the patient's biopsychosocial assessment:
1. What is your gender identity and which pronouns do you prefer?
 2. How did the environment in which you were raised shape your beliefs/biases?
 3. Was your environment supportive of your identity?
 4. Has your relationship with your family changed as a result of your "coming out"?
 5. Is your home of origin a supportive place in your identity/sexual orientation?
 6. Do you have resources available to support the LGBTQ+ community?
 7. How did your coming out process impact your comfortability with your sexual orientation?
 8. Have you ever had any problems with your employer or past employers regarding your sexual orientation or gender identity?
 9. How has your sexual orientation or gender identity conflicted with your spirituality, if at all?

III. Environment of Care

- A. Ashley will ensure that transgender patients have safe and equal access to restrooms in accordance with their gender identity.
- B. Ashley's Inpatient/Residential and Extended Care Programming:
1. Transgender patients will be assigned to patient rooms in the following order of priority:
 - a. Private room
 - b. If a private room is not available the transgender patient will be assigned to an empty semi-private room with the second bed blocked.
 - c. If there is no private room or blocked semi private room available, other patients may be moved to make a private room

available, if doing so would not compromise the health or safety of the patient being moved.

2. Where there are questions or concerns related to room assignments, a multidisciplinary team consultation is used.
3. Ashley will ensure that transgender patients have access to personal items that are medically necessary.
 - a. Transgender patients will have access to items of their own that facilitate gender expression (e.g. clothing, make-up) to the same extent that other patients have access to these items, regardless of gender, unless the items are on Ashley's Prohibited Items list.
 - b. Transgender patients may also have access to items of their own that only transgender persons would ordinarily use to support their gender presentation, including prosthetics and items used in binding, padding and tucking, unless use of those items hinders treatment or recovery, as determined by the Ashley physician, or is considered to be a safety risk.
 - c. LGBTQ+ patients may coordinate with Nursing staff to arrange discreet storage of personal care items.

IV. Extended Care

- A. Extended Care team will have consultation with referring Counselor prior to admission to Extended Care to ensure that the patient is clinically appropriate for extended care treatment. Patient's expressed/ identified needs related to LGBT identity will be discussed.
- B. Transgender patients will be offered private room accommodations when possible.
- C. Transgender patient will be given the option for semiprivate room accommodations when private room accommodations are not available.

V. Finance

- A. A transgender patient's preferred name may not match the name printed on their insurance card.

VI. HIM/HIPAA

- A. A patient will not be questioned about their gender identity, sex assigned at birth or transition-related procedures unless such information is directly relevant to the patient's care.
 1. If it is necessary to the patient's care for a health care provider to inquire about such information, the provider will explain to the patient:
 - a. why the requested information is relevant to the patient's care
 - b. The information will be kept confidential, but some disclosures of the information may be permitted or required; and
 - c. The patient should consult the Ashley's HIPAA policy for details concerning permitted disclosures of patient information.

- B. While a breach of confidentiality is always a serious matter, it can have particularly far-reaching consequences for the safety of LGBTQ+ people when it leads to involuntary "outing," or exposure of transgender identity.
- C. Every team member who uses, discloses, or requests patient information, including information regarding a patient's gender identity or expression, transgender status, or other demographic data, on behalf of Ashley, shall make reasonable efforts to limit disclosure.
- D. Protected health information may not be disclosed to any person not directly involved in the treatment of a particular patient.
- E. Authorized disclosure is kept to the minimum necessary to accomplish the purpose of the use, disclosure, or request, in accordance with applicable federal law and regulations.

VII. Infection Prevention

- A. Patients will have access to any cleaning or disinfecting products that they may need to properly care for gender-affirming prosthetic devices.

VIII. Intake

A. Admitting/Registration Records

1. During intake, staff will record the patient's response to the following questions:

- a. What is your gender identity?

- i. Gender-Fluid
- ii. Male
- iii. Female
- iv. Non-Binary
- v. Other (specify)
- vi. Transgender
- vii. Two-Spirit

- b. What are your pronouns?

- i. He/him/his
- ii. None (use name)
- iii. Other (specify)
- iv. She/her/hers
- v. They/them/theirs
- vi. Ze/zir/zirs

- c. What is the legal sex that your insurance has on file? (for insurance purposes)

- i. Female

- ii. Male
 - iii. X
 - d. What was your sex assigned at birth? (for medical purposes)
 - i. Female
 - ii. Male
 - iii. X
- 2. If the patient states that they are transgender, staff will:
 - a. Inform the patient that Ashley prohibits discrimination based on gender identity and gender expression
 - b. Ask the patient if they would like their transgender status to be indicated in their medical record. If the staff person is unsure of which gender option to select, they should politely and discreetly ask the patient to verify whether the patient is a transgender male, transgender female, or non-binary
 - c. Ask if the patient would like to have their preferred name, nickname or pronouns recorded in the medical record. If the patient indicates that this information should be recorded, the staff should ask the patient for their preferred pronouns.
- 3. Unless a patient volunteers that they identify as transgender, the staff person should not attempt to guess whether a patient is transgender or ask the patient whether they are transgender.
 - a. The patient's transgender status should only be recorded if the patient volunteers the information and agrees that it should be recorded.
- 4. Assign the patient to a private room whenever available, or as soon as possible.
- 5. Ashley will ensure that the patient's medical record is reflective of their preferred gender and pronoun.
- 6. If the patient has not legally changed their name or gender, Ashley will use the preferred name and gender while the patient is in treatment, the file will then be reverted to the legal name and gender upon discharge.
 - a. Prior to discharge, any legal or billing correspondence should be sent out using the patient's legal name (and gender when used in the document).

IX. Medical

- A. Transgender patients that have been receiving hormone therapy prior to admission will have that therapy continued without interruption, pending evaluation by a specialist absent urgent medical reasons to the contrary.
 - 1. Health care providers unfamiliar with this aspect of care will consult with

providers who have this expertise as well as with the patient's prescribing physician if possible.

- B. Team members will not ask questions or make statements about a transgender person's genitalia, breasts, other physical characteristics, or surgical status except for medical reasons that can be clearly articulated.
- C. Information about a patient's transgender status or any transition-related services that the patient is seeking and/or has obtained is sensitive medical information and team members will treat it as such.
- D. For patients who are biologically female and of child-bearing age, urine pregnancy test is discretely completed per standard admission protocol.

X. Outpatient

- A. The patient may self-select the gender specific group sessions matching the gender with which the patient identifies.
- B. Any patient who identifies as transgender will provide urine/ toxicology sample with Ashley Nursing staff.
- C. Ashley staff will discuss the urine toxicology process with the patient during the intake assessment. Any patient utilizing a gender-affirming prosthetic device is asked to remove the prosthetic prior to obtaining a urine sample.

XI. Safety & Security

- A. Patient rights include the right to:
 - 1. Treatment, care, and services without discrimination for any reason including race, religion, gender, sexual orientation, ethnicity, age, handicap, or cultural background.
 - 2. Receive care which promotes dignity and safety.
 - 3. Receive care in an environment free from all forms of abuse and harassment.
- B. Patient responsibilities include the expectation that all patients respect the rights, confidentiality, privacy, and dignity of others.
- C. The following behaviors are not tolerated:
 - 1. Harassment of any kind including gender and sexual orientation.
 - 2. Verbal abuse regarding gender or sexual orientation.
 - 3. Disrespecting the privacy of others.
- D. Ashley's approach to enforcing our guidelines is therapeutic. Patients are asked to alert staff immediately if they have any concern regarding safety and security and the concern will be promptly addressed.
 - 1. An attempt will be made to resolve the issue immediately or will be escalated to a supervisor or manager.
 - 2. Ashley's Patient Advocate may also be contacted for assistance.

XII. Spiritual Care & Wellness

- A. Spirituality refers to the various practices that result in greater peace of mind, meaning in life, and connection to others. We attest that engaging in these practices will produce long-term recovery.
- B. Treatment, care, and service at Ashley is considerate and respectful of each patient's cultural, spiritual, and personal values and beliefs.
- C. Ashley's founders established Ashley with the innate dignity of all in mind. It is our responsibility to treat all with utmost care and compassion.
- D. Ashley's Spiritual Care and Wellness services meet people where they are. This is a judgement-free zone. It is our privilege to be a companion and support each patient in whatever spiritual path they seek.
- E. Chapel services are geared toward Ashley's treatment community. All are welcome regardless of religious beliefs or lack thereof.
- F. Patients may choose to attend Sunday morning chapel service or an alternate spiritual group.
- G. Individual spiritual counseling is offered and available upon request for members of the LGBTQ+ community who wish to explore their spirituality one on one.

RELATED DOCUMENTS

Patient Rights and Responsibilities policy

REFERENCE/S

Attachments

[LGBTQ Defintions.docx](#)

Approval Signatures

Step Description	Approver	Date
SA Approval	Shannon Rinker: Compliance Manager	05/2023
Wellness Approval	Mark Hushen: Chief Mission and Legacy Officer	04/2023

Medical	Robin Williams: Director of Nursing	04/2023
Medical	Daniel Bochicchio: Director of Medical Services	04/2023
Intake Approval	Rebecca Miller: Sr. Director of Business Development [SR]	04/2023
Clinical Approval	Jennifer Aguglia: Vice President of Clinical Services	02/2023
Owner approval	Wendy Insalaco: Director of Quality and Model of Care	12/2022

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