

I AM A PROVIDER LGBTQIA+ ALLY

By signing this, I pledge that I am: (1) committed to treating all patients, including individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, and Gender-Diverse (LGBTQIA+), with respect, dignity, fairness, and equity; and (2) that I have read MHS Health Wisconsin's *LGBTQIA+ Inclusive Care Guide*, which has informed me with the knowledge and tools necessary to readily treat patients who identify as LGBTQIA+.

Provider Name: _____

Date: _____ **Signature:** _____

Disclaimer: This is not a legally binding document.