

**Do I have to answer these questions? What if I don't feel comfortable answering them?**

You can choose not to answer any of these questions. This will not affect the care you are provided. We strongly encourage you to do so, as it will help Glens Falls Hospital provide each patient with the best quality care.

**I have been a Glens Falls Hospital patient for years. Don't you already have this information?**

We want to make sure our information is correct. For some people, answers to these questions can change over time. We appreciate your understanding.

**To learn more, visit:**  
[albanymed.org/glensfalls/we-ask-because-we-care/](http://albanymed.org/glensfalls/we-ask-because-we-care/)



 **ALBANY MED Health System**  
**GLENS FALLS HOSPITAL**

100 Park Street  
Glens Falls, NY 12801



The GFH Patient and Family Advisory Council has reviewed this material to ensure patient and family perspective has been included.



because we care.

**A way for patients to tell us about themselves**



 **ALBANY MED Health System**  
**GLENS FALLS HOSPITAL**

# WE ASK BECAUSE WE CARE

Glens Falls Hospital strives to provide our patients and their families with equitable, exceptional healthcare that is tailored to their needs.

When you come to Glens Falls Hospital or any Albany Med Health System facility for care, you will be asked questions about race, ethnicity, preferred language, religion, sexual orientation, gender identity, preferred name and pronouns.

Providing this information helps us understand your unique health needs and enables us to create a care plan specific to you. This information also helps us better understand the needs of our communities seeking healthcare so we can offer services and programs that are helpful to everyone.



## FREQUENTLY ASKED QUESTIONS

### Why are you asking me these questions? How is this relevant to my care and health?

This information allows us to make sure that you and every person gets the best healthcare regardless of race, preferred language, ethnicity, sexual orientation, or gender identity.

This information also allows us to treat each patient with respect, use their chosen name and preferred pronouns correctly, and provide care with dignity to meet their individual needs.

By sharing your information, you can help us:

- Create more trusting relationships with patients and provide more effective, culturally competent care .
- Identify gaps in healthcare and make plans to improve the health of our community.
- Improve patient visits and hospital stays by using your chosen name and preferred pronouns and being sensitive to your identities.

### Who will ask me these questions? When will they ask me?

Patients who are 18 years and older will be able to share/update their information in several ways, including: through the MyChart Patient Portal, during your check-in for your visit, and during your appointment with your care team.

### Who will see this information? How will it be shared?

- This information will become part of your medical record.
- Glens Falls Hospital has a privacy policy that is strictly followed in accordance with HIPAA. It will be protected by the same commitment to privacy we hold all patient information.
- Parents/guardians may have access to some information for patients under the age of 18.

FAQ continued 