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Services & Advocacy
for Gay, Lesbian, Bisexual
& Transgender Elders

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on LGBT Aging
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Coming out, or disclosing that one is lesbian, gay, bisexual, or transgender (LGBT), is not a one-time occurrence, but rather a process that often happens over and over again. People may come out to their friends and family but will need to decide if they will be open with new co-workers, acquaintances, or service providers. For people who identify as LGBT, this is a very personal decision and one that is often contemplated based on how safe one feels to come out. A term often heard among LGBT older adult circles is “re-closeting” or returning to the closet and keeping one’s LGBT identity secret, especially when receiving health and age related services or housing supports. As health, housing, and service organizations increasingly adopt intake and data collection methods inclusive of sexual orientation and gender identity; it is important to honor the confidentiality and informed consent regarding the personal information shared by LGBT older adults. Often LGBT older adults will only disclose information about their sexual orientation, gender identity, and relationship status after developing a trusting relationship with a provider.

The best practices adapted from the newly revised guide, [*Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity*](#), provide tips for professionals on respecting the confidentiality and dignity of LGBT older adults.

Best Practices

- Have a clearly stated policy or statement of confidentiality written on all forms and ask staff to read the policy or statement aloud before beginning the intake process.
- Explain how a client’s personal information, such as name, gender identity, sexual orientation, health conditions, and other information may be used by the agency.
- Reassure clients that their medical and health information must remain private and is federally protected against intrusion and unlawful sharing.
- Emphasize that your agency will not discuss a client’s sexual orientation or gender identity with his/her/their family or friends without the client’s specific permission.

- After the intake, be sure to ask clients if there is any information in particular that they expect to be kept confidential, or if they wish to have certain areas, such as their preferred gender pronouns, to be known and used by other older adults and staff members.
- If a client wishes to have certain areas of the intake form left blank, such as sexual orientation or gender identity, do not force them to give an answer. Remember, clients may “come out” over time in different stages—and when they are comfortable and ready, they will disclose.
- Make a practice of reviewing your staff confidentiality policy annually and having each staff member sign an acknowledgement to keep on file.

Additional Resources:

SAGECare for training related to Asking Affirming LGBT Data Question at www.sageusa.care

SAGE for additional resources including SAGE Affiliate listings: www.sageusa.org

SAGE’s National Resource Center on LGBT Aging for educational and other resources: www.lgbtaging.org