

Ahead of Time

Prior to meeting with my provider . . .

.. | let my provider's office know what special requests or needs | have.

.. | make sure that my records are sent, or | bring them with me.

.. | ask how much time | have been scheduled for.

.. | ask how much this visit or procedure will cost.

.. | check with my insurance company, if | have one, to see if visits and procedures are covered expenses or if | need a referral.

.. when | arrive at the office, | ask how long my wait will be.

.. _____
.. _____
.. _____
.. _____
.. _____
.. _____

Ahead of Time

Prior to meeting with my provider . . .

.. | let my provider's office know what special requests or needs | have.

.. | make sure that my records are sent, or | bring them with me.

.. | ask how much time | have been scheduled for.

.. | ask how much this visit or procedure will cost.

.. | check with my insurance company, if | have one, to see if visits and procedures are covered expenses or if | need a referral.

.. when | arrive at the office, | ask how long my wait will be.

.. _____
.. _____
.. _____
.. _____
.. _____

On Appointment Day

| tell my provider . . .

.. how | would like to be addressed in the waiting area.

.. that | prefer to be at the same height level with then during my visit.

.. to please answer my question again if | am not answered or satisfied the first time.

.. if | am limited physically and need a handicap permit from them.

.. when | need more resources such as books, internet searches, libraries, support groups, and social worker consults.

.. _____
.. _____
.. _____
.. _____
.. _____
.. _____

On Appointment Day

| tell my provider . . .

.. how | would like to be addressed in the waiting area.

.. that | prefer to be at the same height level with then during my visit.

.. to please answer my question again if | am not answered or satisfied the first time.

.. if | am limited physically and need a handicap permit from them.

.. when | need more resources such as books, internet searches, libraries, support groups, and social worker consults.

.. _____
.. _____
.. _____
.. _____
.. _____
.. _____

Respect

| deserve to be treated with respect at all times. |f | feel disrespected | can . . .

.. tell the provider or their supervisor how | feel.

.. tell the provider or their supervisor what | want them to do differently.

.. choose to end the visit when | decide to.

.. write a note outlining the problem(s).

.. ask for a different provider.

.. switch health care practices or systems.

WomanSafeHealth
2340 East Stadium Blvd, Suite 8
Ann Arbor, MI 48104
Tel 734-477-5100 Fax 734-477-5111
info@womansafehealth.com
www.womansafehealth.com
©WomanSafeHealth, 2010

Respect

| deserve to be treated with respect at all times. |f | feel disrespected | can . . .

.. tell the provider or their supervisor how | feel.

.. tell the provider or their supervisor what | want them to do differently.

.. choose to end the visit when | decide to.

.. write a note outlining the problem(s).

.. ask for a different provider.

.. switch health care practices or systems.

WomanSafeHealth
2340 East Stadium Blvd, Suite 8
Ann Arbor, MI 48104
Tel 734-477-5100 Fax 734-477-5111
info@womansafehealth.com
www.womansafehealth.com
©WomanSafeHealth, 2010



Medical Empowerment Pocket Guide

Elizabeth Shadigian, MD
Gynecology and WomanCare



Medical Empowerment Pocket Guide

Elizabeth Shadigian, MD
Gynecology and WomanCare

Communication Reminders

- ask for what I want. I may want . . .
- to know the provider's full name.
- to ask providers to use my preferred name.
- providers to wash their hands or use sanitizer before touching me.
- to be able to eat and drink unless there is a valid medical reason not to.
- numbing creams and/or injections to help me be more comfortable.
- family and friends with me sometimes, but not always.
- my information to be treated confidentially, even around friends and family.
- to be able to record discussions, and/or have instructions written out for me.
- to speak privately to my friend or family member.

When a Test is Recommended

- ask my provider . . .
- the reason for the test(s).
- what information it will provide.
- how accurate the information will be.
- how the information will change the course of my treatment.
- to describe the test and how it is done.
- what can I expect to experience.
- how much the test costs.
- when I can get the test done.
- how results will be communicated to me.

Affirmations

"I have a right to make informed decisions about my care."

"I remember to breathe."

"_____"
"_____"

When Treatment Is Advised

- ask my provider . . .
- what the diagnosis is.
- how serious my condition is.
- how urgent it is that we begin.
- to describe the treatment in detail.
- what I can expect to experience.
- how effective the treatment is likely to be.
- the length of the treatment.
- if this treatment is not effective, what would the next steps could be.
- what the risks and/or side effects are.
- what alternatives are available.
- the risks associated with waiting or doing nothing.
- who they recommend for a second or third opinion locally or elsewhere.
- _____
- _____

When the Provider Says No

- If my provider declines my request . . .
- I can ask if they understood my request.
- I can ask about their reasons.
- I can ask my provider who else can provide the service or medication.
- I can ask what alternatives they can provide.
- I can thank them for their concerns, but ask again for what I want and offer to sign a form stating that I understand and accept potential risks.

Notes: _____

Communication Reminders

- ask for what I want. I may want . . .
- to know the provider's full name.
- to ask providers to use my preferred name.
- providers to wash their hands or use sanitizer before touching me.
- to be able to eat and drink unless there is a valid medical reason not to.
- numbing creams and/or injections to help me be more comfortable.
- family and friends with me sometimes, but not always.
- my information to be treated confidentially, even around friends and family.
- to be able to record discussions, and/or have instructions written out for me.
- to speak privately to my friend or family member.

When a Test is Recommended

- ask my provider . . .
- the reason for the test(s).
- what information it will provide.
- how accurate the information will be.
- how the information will change the course of my treatment.
- to describe the test and how it is done.
- what can I expect to experience.
- how much the test costs.
- when I can get the test done.
- how results will be communicated to me.

Affirmations

"I have a right to make informed decisions about my care."

"I remember to breathe."

"_____"
"_____"

When Treatment Is Advised

- ask my provider . . .
- what the diagnosis is.
- how serious my condition is.
- how urgent it is that we begin.
- to describe the treatment in detail.
- what I can expect to experience.
- how effective the treatment is likely to be.
- the length of the treatment.
- if this treatment is not effective, what would the next steps could be.
- what the risks and/or side effects are.
- what alternatives are available.
- the risks associated with waiting or doing nothing.
- who they recommend for a second or third opinion locally or elsewhere.
- _____
- _____

When the Provider Says No

- If my provider declines my request . . .
- I can ask if they understood my request.
- I can ask about their reasons.
- I can ask my provider who else can provide the service or medication.
- I can ask what alternatives they can provide.
- I can thank them for their concerns, but ask again for what I want and offer to sign a form stating that I understand and accept potential risks.

Notes: _____
