

Sexual Orientation and Gender Identity (SOGI) Data Privacy Checklist*

[*Use with the Sexual Orientation and Gender Identity (SOGI) Data Collection Checklist]

- I attest that the study team and site have acted to make this is a welcoming environment and a place where individuals can trust that they and their data will be respected and protected. These actions may include:¹
- Developing study/site policy that respects LGBTQIA+ participants' rights to confidential care, in accordance with clinical, professional, and research practice and ethical guidelines, state and national laws, and the advice of legal counsel.
 - Communicating clearly when, **why**, and how SOGI data will be collected and used.
 - Taking training on and regularly practicing creating Safe Zones, working with SGD participants, and using respectful language and imagery.
 - Describing, through as many communication modalities as possible (e.g., emails, posters, elevator video screens) what the site or organization is doing to create a welcoming environment.
 - Sharing one's own pronouns. Asking about and using participants' pronouns.

- I have implemented necessary safeguards to protect patient identity and privacy.

Local and site environment

- I have considered the local context, including relevant local, state,² national,³ and regional laws and the cultural environment, and how these may impact the safety and privacy of LGBTQIA+ participants. Please note that it may also be helpful to speak to local public health departments, regulatory agencies, and regulatory experts at study sites, and to keep up to date on American Medical Association (AMA) policies.⁴
- I have trained the clinical research team on where to find information and how to answer participant questions about safety and privacy.

Options for participants

- I have assessed when it is appropriate to collect SOGI data in anonymous forms that can be completed separately from forms with personal identifying information.^a
- I have created an option for participants to opt-out of answering any or all SOGI data questions and made clear in all participant-facing materials that this option may be exercised at any time during the trial. Please note, there may be cases where a participant first opts to share their SOGI data but later decides to opt out.

Data storage

- I have a management plan for secure storage and transfer of data throughout the life cycle of the project, including defined timeframes for keeping the data, and for deletion or disposition of the data at the conclusion of those timeframes.⁵ Note that researchers should have a plan in place for deleting data at a participant's request.

^a For example, identifying information may not be collected for some qualitative research. Such research can be important to understanding local context and social determinants of health, community engagement and community priorities for research and trial conduct, reasons for participant under/representation, and the clinical care setting in which the tested products will be introduced.

- When it is necessary to have SOGI data linked to specific participants, I will de-identify participant data [e.g., introduce code numbers].
- Where possible, I have created “backstops” in the medical records system to protect the participants’ reported SOGI data (e.g., encryption, data segmentation, flags to alert staff that the data is confidential, user-defined options for different levels of visibility depending in the party viewing the records).⁶
- I have reviewed with legal counsel that the medical/lab and billing codes^b to be utilized (e.g., codes for gender incongruence) are appropriate and would not inadvertently “out,” compromise, or harm a participant.

Data sharing

- I have separated research data from clinical medical records and implemented measures to protect SOGI data. Where that is not possible, the participant knows and agrees. Please note that researchers must obtain permission to share any data collected or produced by the study with the participant’s medical provider/s.
 - I will make SOGI data available only through a controlled access environment and have considered which forms of data encryption would be the most appropriate.
 - [Where possible] I have created an option for participants to opt-out of sharing any or all data with other organizations and made that clear in all participant-facing materials. If the trial will be sharing data with other organizations or outside the state where the trial will be conducted, the clinical research team and Informed Consent Form will need to be explicit about that. The potential limits of data privacy should also be clearly communicated.
 - In the event of a buy-out or merger, I/my organization will advocate for the new entity’s commitment to the same privacy terms.
- [Where possible] I have planned opportunities for participants to give feedback on data privacy, and for regular review on the privacy of SOGI data for my study and at my site. If, for example, I start hearing from the transgender community that the data privacy protections are not sufficient or effective, I will listen carefully and adjust accordingly.

*Addendum for pediatric participants*⁷

- I have reviewed clinical/professional practice/ethical guidelines and state/national laws, discussed with legal counsel, and implemented specific protections *for pediatric participants*. These may include:
- [To the greatest extent permissible by state/national law] I have set up the processes, physical space, and/or patient-preferred communication modalities to ask adolescents (age 11-17) about sexual orientation and gender identity in private, without a caregiver present.¹
 - I have phrased SOGI questions in ways that are appropriate by age for children and adolescents, based on published guidelines and recommendations.^{8, 9, 10}

^b Some trial costs can go through institutional billing (that is not controlled by the investigator) to insurance companies, particularly in the case of trials that are comparing the tested intervention to the standard of care. Those billing systems may have codes or templates that are not optimally design to protect SOGI data.

- I have set up processes to ask adolescent pediatric which name and pronouns they want used and in which contexts (e.g., when caregivers are present, when non-medical staff are present).
- [To the greatest extent permissible by state/national law] I have set up processes to obtain consent from adolescent patients before entering SOGI information in their electronic health record and to clearly explain who is able to access their health record information.
- Please note that participants may be covered under their parents' insurance until age 26. Therefore, any clinical trial costs are billed to insurance may be visible to the parents of a participant that is under age 26. Similarly, if a parent is listed at a pharmacy to have permission to pick up prescriptions, those prescriptions and the participant's prescription history may be visible to the parent.

¹ Hadland S, English A. (2016). LGBTQ Youth: Providing Care, Protecting Confidentiality. National LGBT Health Education Center (A Program of Fenway Institute) and the School-Based Health Alliance. Available from: https://www.lgbtqihealtheducation.org/wp-content/uploads/LGBTQ-Youth_Providing-Care-Protecting-Confidentiality.pdf

² Human Rights Campaign. (2023). State Equality Index 2023. Available from: <https://www.hrc.org/resources/state-equality-index>; American Civil Liberties Union. (2024). Mapping Attacks on LGBTQ Rights in U.S. State Legislatures. Available from: <https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2024>

³ Human Rights Campaign. (2024). The Love that Dare Not Speak Its Name [a list of anti-LGBTQ laws by country]. Available from: https://features.hrw.org/features/features/lgbt_laws/

⁴ American Medical Association. (2024). Policies on Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ) Issues. Available from: <https://www.ama-assn.org/delivering-care/population-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues>

⁵ The White House. (2023). Recommendations on the best practices for the collection of sexual orientation and gender identity data on federal statistical surveys. Available from: <https://www.whitehouse.gov/wp-content/uploads/2023/01/SOGI-Best-Practices.pdf>

⁶ Ashley F. (2021). Recommendations for Institutional and Governmental Management of Gender Information. *New York University Review of Law & Social Change*, 44(4): 489-528. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3398394

⁷ National LGBTQIA+ Health Education Center: A Program of Fenway Health Institute. 2021. Engaging the Families of Transgender and Gender Diverse Children. Available from: <https://www.lgbtqihealtheducation.org/publication/engaging-the-families-of-transgender-and-gender-diverse-children-2021/>

⁸ Goldhammer H, Grasso C, Katz-Wise SL, Thomson K, Gordon AR, Keuroghlian AS. (2022). Pediatric Sexual Orientation and Gender Identity Data Collection in the Electronic Health Record. *Journal of the American Medical Informatics Association* 29(7): 1303-1309. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9196694/pdf/ocac048.pdf>

⁹ The Trevor Project. (2021). Measuring Youth Sexual Orientation and Gender Identity. Available from: <https://www.thetrevorproject.org/wp-content/uploads/2021/07/Measuring-Youth-Sexual-Orientation-and-Gender-Identity.pdf>

¹⁰ Spock A., Popkin R., Barnhart C. (2022). Strategies to Improve Measurement of Sexual Orientation and Gender Identity Among Youth. *Journal of Adolescent Health* 71(6): 662-664. Available from: [https://www.jahonline.org/article/S1054-139X\(22\)00646-2/fulltext](https://www.jahonline.org/article/S1054-139X(22)00646-2/fulltext)