

Minister Destiny Testimony Schools

Adult: Medical Discrimination — Being Believed, Speaking Up, and Getting Help

Adult — Class Book · Unit 13 (Added Topic)

Minister Destiny Marie Morgan
Minister & Founder

A Prayer Before You Begin

In the name of God, the Most Gracious, the Most Merciful.

Lord, bless this reader on their journey. Guard their health in body, mind, and spirit as they study. Open their heart to knowledge and their mind to understanding, and let what they learn here become light in their hands. Guide them to the places where they are needed — to help others, and to save lives, safely. Bless their steps, their work, and every life their learning will one day protect.

Amen.

— Minister Destiny Marie Morgan

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Minister Destiny Testimony Schools — Adult: Medical Discrimination — Being Believed, Speaking Up, and Getting Help.

Published by Minister Destiny Marie Morgan, Minister & Founder.

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The lessons in this book are educational information, Massachusetts-first, and are not legal advice. If you have a real case, talk to a lawyer. Help lines: National Domestic Violence Hotline 1-800-799-7233 · 988 Suicide & Crisis Lifeline (call/text 988) · Childhelp 1-800-422-4453.

How This Book Works

This book is one class of Minister Destiny Testimony Schools — Adult: Unit 13 (Added Topic) — Medical Discrimination — Being Believed, Speaking Up, and Getting Help. It is the study book for this class's test. Everything the test asks is taught in this book, in plain language: the full lesson, Words to know, the stories to think through, the Try-this activity, and Resources to keep.

Minister Destiny Testimony Schools is a free school. The classes, the tests, and the certificates are free online at destinymorganbooks.com — nothing about this class costs money. This book is the print edition, for people who want the class in their hands. You never need to buy a book to take a class or a test.

How to use this book: read the lesson, learn the Words to know, think through the stories, and do the activity. Try the word search for fun. Then take the Chapter Test at the back of the lesson — printed without answers marked. Score 80% or higher to complete the class and earn its certificate (the certificate page is in this book; write your name on it after you pass). The Answer Key is at the back of the book, for parents, teachers, and self-checking after you finish. Go at your own pace.

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Before You Start

This is an added "More Life Topics" unit. It follows the 12 sections of the Adult course — it is placed after them, and it does not replace or renumber any of them. It was added because getting medical care with dignity is a life skill every adult needs, whether or not it ever becomes a court or family case.

This lesson is educational information only, Massachusetts-first, and is not legal advice and not medical advice. It teaches general principles and general steps. Every person's situation is different. If you have a real discrimination concern, the complaint offices and advocacy organizations listed in "Resources to keep" can look at your specific facts. If you have a medical emergency, call 911.

Before you start

- **This school never asks your name.** Your progress and quiz answers stay on your own device. Nothing in this unit asks you to share your medical history with the school.
- You pass this unit's quiz with a score of **80% or higher. ANSWERS ARE NOT SHOWN** — if you do not pass, review the lesson and try again. **Retakes are allowed** as many times as you need.
- If you pass, you earn a downloadable certificate with a blank line — you write your own name on it after you save it.
- This unit talks about real experiences people have in exam rooms and emergency departments. If reading it brings up a hard memory of your own, take a break. The lesson will still be here.

Unit 13 (Added Topic) — Medical Discrimination — Being Believed, Speaking Up, and Getting Help

Minister Destiny Testimony Schools — Adult

The lesson

1. What medical discrimination is

Medical discrimination is being treated worse, taken less seriously, or given less care in a medical setting because of who you are — not because of what your body actually needs. It is not always a slammed door or an ugly word. More often it is quiet: your pain is called exaggeration, your symptoms are blamed on your weight or your history before anyone examines you, your questions are brushed off, you wait longer, you are tested less, or you are sent home with less than another patient with the same symptoms would have received.

Discrimination in care can break the law, and even when a single moment is hard to prove, the pattern matters — to your health first of all, because care that is delayed, minimized, or never offered can let a real condition get worse. Naming what happened is the first step to fixing it, for yourself and for the next patient.

This school teaches the same truth at every age, in words that fit the listener. In the Youth school, Month 8 teaches young people that they deserve respectful care and can speak about their own bodies and health. In the Law Enforcement school, officers are taught to believe people in medical distress and to get them help. This adult unit is the grown-up version: your rights, your words, your paper trail, and your complaint options, step by step.

2. How it shows up — the forms it takes

Being dismissed or not believed about pain. This is the most common form students describe. You report pain at a level that frightens you, and instead of an exam or a test you get a shrug: "That's normal," "You're anxious," "Take something over the counter," with no one checking what the pain could be. Pain is a symptom, not a character flaw. When pain is waved away without being examined, written down, or followed up, that is a problem with the care — not with the patient who reported it.

Race. Patients of color report — and studies of emergency care have repeatedly found — longer waits, fewer pain medicines for the same injuries, and symptoms more often attributed to behavior instead of illness. It can sound like assumptions made out loud about drug use, toughness, or how a person "usually" handles pain. You do not have to accept a stereotype as a diagnosis.

Disability. A wheelchair user whose new symptom is blamed on the disability she has always had. A Deaf patient offered no interpreter and handed forms he cannot discuss. A

patient with an intellectual disability whose questions are answered to the person standing next to her instead of to her. Disability discrimination includes both attitudes — talking past you, assuming your life is worth less effort — and access failures: no interpreter, no accessible exam table, no extra time that was clearly needed.

Weight. Larger patients are often weighed publicly, lectured before they are listened to, and told to lose weight as the answer to every symptom — a knee injury, a cough, a lump — without the exam or imaging a thinner patient would get first. Weight can be one real factor in some conditions. It is not a substitute for examining the symptom you came in with.

Insurance status and Medicaid. Being treated as a lesser patient because your coverage is MassHealth (Massachusetts Medicaid), because you are uninsured, or because staff assume you cannot pay. This can look like shorter visits, fewer options offered, referrals that never get made, or a different tone the moment your insurance card comes out. Your coverage type is a billing fact. It is not a measure of how much your health matters.

Language. Arriving with limited English and being expected to manage with gestures, a child translating, or a staff member's school language skills — when professional interpreter services exist for exactly this reason. Care you cannot understand is care you cannot truly agree to, question, or follow up on.

Religion and dress. A woman in hijab whose modesty requests are mocked or ignored. A patient whose request for a same-gender examiner, where possible, is treated as a joke. Comments about religious clothing, holidays, fasting, or prayer that have nothing to do with the treatment — or that pressure you to remove or abandon something your faith requires without a real medical reason being explained.

Mental-health and substance-use stigma. Once a chart mentions depression, anxiety, or substance use, every new symptom risks being filed under it: chest pain called a panic attack without a heart check, an injury treated as drug-seeking without an exam, pain relief refused on assumption alone. A mental-health or recovery history is part of your medical picture. It is never a reason to skip looking at a new physical problem.

These forms overlap. A patient can be disbelieved for three reasons at once. Whatever the mix, the response in this unit is the same: speak clearly, ask for things to be written down, and use the channels in Sections 5 and 6.

3. Your rights as a patient — in plain language

These are general principles, Massachusetts-first. They describe how care is supposed to work; specific laws and facility policies add detail.

- **Emergency screening and stabilization regardless of ability to pay.** If you come to an emergency department, you have the right to a medical screening exam to find out whether you have an emergency condition, and to stabilizing treatment — whether or not you have insurance and whether or not you can pay at that moment. You should

not be turned away from emergency screening because of money.

- **Interpreter services.** If you understand another language better than English, you have the right to ask for a professional interpreter for your care — free to you — instead of relying on family members, and especially instead of relying on a child. Ask early, and ask again if one is not provided.
- **Informed consent — the right to understand and to refuse.** Before a procedure or treatment, you have the right to have it explained in words you understand: what it is, why it is being offered, what the risks and benefits are, and what your other options are — including the option of not doing it. Consent you did not understand is not real consent, and you may say no, or ask for time, unless it is a true emergency.
- **A second opinion.** You have the right to ask about getting another clinician's view — of a diagnosis, a surgery recommendation, or a plan you are unsure about. Asking is normal medical practice, not an insult to the first doctor.
- **Copies of your medical records.** You have the right to request copies of your own medical records. Your record is the official story of your care, and you are allowed to read that story — including after a visit that went badly.
- **An advocate or support person with you.** You can ask to have a family member, friend, or advocate with you at appointments, and hospitals have patient advocates or patient relations staff whose job is to hear concerns. A second set of ears helps you remember, and a witness changes how a room behaves.
- **To be treated with respect.** You have the right to care without slurs, mockery, threats, or punishment for asking questions, and to have your reports of your own symptoms taken seriously and examined.

A right you do not know about is easy to lose in a stressful moment. That is why the next section gives you the exact words.

4. How to talk — phrases you can actually say

You do not need to shout, threaten, or know medical terms. Calm, clear, and firm works — and it reads well later in a chart or a complaint. Use these word for word if that helps.

- **"I need that written in my chart."** Use when you have reported a symptom or concern and it is being passed over. What is in the chart is what officially happened.
- **"Please document that I reported this pain and what was done."** Use when pain is being dismissed without an exam, a test, or a plan. It asks, politely, for the record to show both your report and the response.
- **"What else could this be? What are we ruling out?"** Use when you are given a quick answer that does not fit, or a serious possibility has not been mentioned. It invites the clinician to think out loud with you.
- **"I would like to speak with the patient advocate."** Use when the conversation with your care team is stuck, you feel unheard, or you want a neutral staff member in the room. You can also ask for the charge nurse or the patient relations office.

- **"I am requesting an interpreter."** Use at check-in, and again at every stage where one has not appeared. You do not need to justify it, and you may decline to use a family member instead.
- **"I do not consent to that — please explain my options."** Use when a procedure, exam, or treatment is moving forward without an explanation you understood, or when you want alternatives, including waiting.
- **"I would like a second opinion before I decide."** Use before a major procedure or a diagnosis that does not sit right with you.
- **"Please send me a copy of my records for this visit."** Use at discharge or afterward. Follow up in writing if the first request stalls.
- **"I am asking for my support person to stay with me."** Use when you are told your advocate must leave and no safety reason has been given.

Notice what these phrases share: they ask for a specific action, they stay respectful, and several of them create a record. You are not begging to be believed — you are a patient stating what you need. That is your dignity, and no one in the building outranks it.

5. Document what happened — your paper trail

Memory fades under stress; notes do not. If a visit goes wrong, write down what happened **the same day**, while it is fresh:

1. **Dates and times** — when you arrived, how long you waited, when you were seen, when you left.
2. **Names and roles** — who treated you and who else was in the room. If you did not catch a name, describe the role ("the triage nurse at about 9 p.m.") and ask for names afterward; staff can usually identify who was on.
3. **Exact words** — quote what was said to you as closely as you can, especially dismissive comments, assumptions, or refusals. Mark your best recollection as your best recollection; do not polish it later.
4. **What you asked for and what happened** — the exam, test, interpreter, medicine, or advocate you requested, and the response each time.
5. **Witnesses** — anyone who was with you or nearby and heard it. Write down how to reach them.
6. **Paper** — keep copies of everything: discharge papers, after-visit summaries, bills, portal messages, and later, your requested records. Save screenshots of patient-portal messages with dates visible.
7. **Your symptom timeline** — when the symptom started, how it changed, and what happened after you left, including any second visit elsewhere. A later diagnosis that matches what you reported is important evidence.

Keep your notes somewhere safe, in one folder or one phone note, and add to it — do not rewrite earlier entries. A clean, dated, unedited record is the strongest thing you can hand

to any reviewer in the next section.

6. How to file a complaint — step by step

You can use one route or several. Filing a complaint is not suing anyone, and you do not need a lawyer to file. Hospitals and agencies review complaints because patterns in complaints are how bad practices get found.

Step 1 — Start with the facility's patient advocate or patient relations office. Every hospital has one; clinics have an equivalent office or practice manager. Call or write and say what happened, using your notes: dates, who was involved, what you asked for, and what you want now (an explanation, a corrected record, an apology, a review). Ask for a response and write down the name of the person who took your complaint. The Massachusetts Department of Public Health itself urges patients to register a complaint with the facility's management team or Patient Advocate first.

Step 2 — Massachusetts Department of Public Health (DPH), for health-care facilities. If the facility does not resolve it, or the problem is serious, complain to the Division of Health Care Facility Licensure and Certification, which investigates complaints about hospitals and other licensed facilities. DPH asks that complaints be put in writing using its Consumer/Resident/Patient Complaint Form, sent to its Complaint Intake Unit (address in "Resources to keep"); if you cannot write, you may call its 24-hour Consumer Complaint Line. DPH investigates ongoing or recent problems and prioritizes cases where a patient may be at risk of harm. Expect DPH to review and prioritize your case, possibly seek information from the facility, and tell you the outcome of its review — reviews take time, and a written, specific complaint moves faster than a general one.

Step 3 — U.S. Department of Health and Human Services, Office for Civil Rights (OCR), for discrimination. If you believe you were discriminated against because of race, color, national origin, disability, age, or sex in a health program or facility, you can file a civil rights complaint with OCR. You file in writing — online through the OCR Complaint Portal, or by mail or email using OCR's complaint form package (web address and phone in "Resources to keep"). OCR's page states that a complaint must name the provider involved, describe what happened, and be filed within 180 days of when you knew the act occurred, though OCR may extend that period if you can show good cause. After you file and sign the consent form, OCR reviews the complaint, decides whether it can investigate, and will contact you about next steps; keep your printed or saved copy of everything you submitted.

Step 4 — Disability Law Center of Massachusetts, for disability-related issues. If the problem is tied to a disability — an interpreter or communication access denied, an accommodation refused, a symptom blamed on your disability, abuse or neglect of a person with a disability — the Disability Law Center (DLC), the federally designated Protection and Advocacy agency for Massachusetts, provides information, referrals, and legal advocacy for people with disabilities. Contact details are in "Resources to keep." DLC reviews requests against its priorities, so explain the disability connection clearly in your

first message.

What to write, whichever route you choose: who you are and how to reach you; the facility and, if you know them, the staff involved; the date and a short, ordered account of what happened; the exact words that mattered; what you asked for; copies (never your only originals) of your notes, discharge papers, and records; and what outcome you are asking for. End with the sentence: "Please confirm that you received this complaint." Then keep that confirmation.

What to expect afterward, in general terms: an acknowledgment or a case reference; possibly questions or a request for more records; a review that can take weeks or longer depending on the office and the seriousness of the issue; and a closing letter or call explaining what was found and what, if anything, will change. You may file with more than one office at the same time — a facility complaint and a civil rights complaint are different doors, and using one does not close the other.

Words to know — Unit 13

- **Medical discrimination** — being treated worse, believed less, or given less care in a medical setting because of race, disability, weight, language, religion, insurance, a mental-health history, or another personal characteristic, rather than because of your medical needs.
- **Patient advocate / patient relations** — hospital or clinic staff whose job is to hear patient concerns, help resolve problems with care, and explain the facility's complaint process.
- **Informed consent** — your agreement to a treatment or procedure after it has been explained in a way you understand — what it is, its risks and benefits, and your alternatives, including refusing.
- **Second opinion** — an evaluation by another clinician of a diagnosis or treatment plan, which you have the right to ask about before deciding.
- **Medical records** — the official documentation of your care: notes, test results, and reports. You have the right to request copies of your own records.
- **Interpreter services** — professional language help, provided free to the patient, so you can understand and be understood during care.
- **Documentation** — writing down dates, times, names, exact words, and events, and keeping copies, so what happened can be reviewed later.
- **Civil rights complaint** — a complaint to a government civil rights office, such as the HHS Office for Civil Rights, alleging discrimination based on a protected characteristic such as race, color, national origin, disability, age, or sex.
- **Protection and Advocacy agency** — a federally designated organization in each state that protects the rights of people with disabilities; in Massachusetts, this is the Disability Law Center.

Myths vs facts — Unit 13

• **Myth:** "If I complain, they will treat me worse next time, so it is safer to stay quiet."

Fact: Filing a complaint is a protected, normal part of health care oversight. Patient advocates and outside agencies exist precisely so concerns can be raised outside the treatment room, and a written record usually improves — not worsens — how carefully a returning patient is handled.

• **Myth:** "Pain is subjective, so there is nothing wrong when a provider just doesn't believe me."

Fact: Your report of pain is clinical information. Believing it does not mean automatically prescribing anything — it means examining you, considering causes, documenting your report, and making a plan. Skipping those steps is the problem.

• **Myth:** "With Medicaid or no insurance, I should just be grateful for whatever care I get."

Fact: Emergency screening and stabilization do not depend on ability to pay, and your coverage type does not lower the standard of respectful, thorough care you are owed everywhere else either.

• **Myth:** "My child or my spouse can interpret for me — that's the same thing."

Fact: You have the right to a professional interpreter, free to you. Family members — especially children — should not carry the weight of translating medical information, and important details get lost or softened when they do.

• **Myth:** "Asking for a second opinion will offend my doctor, so I shouldn't."

Fact: Second opinions are routine in medicine. A confident clinician expects the question, and the right to ask about one belongs to you.

• **Myth:** "Once it's in my chart, nothing can ever be questioned."

Fact: You can request copies of your records, ask about how to add a statement or request a correction through the facility's process, and your own dated notes stand as your account alongside the chart.

• **Myth:** "One complaint changes nothing."

Fact: Complaint offices look for patterns. One complaint may trigger a review of a single visit; several complaints about the same practice are how facilities get inspected, retrained, and changed.

Think it through — Unit 13

Renee, 41, goes to an emergency department at 9 p.m. with severe stomach pain that has been building all day. She is on MassHealth. At triage she rates her pain 8 out of 10. Over the next two hours she is not examined. When she asks about the wait and the pain, a staff member says, "People come in here all the time wanting pain meds. You'll have to wait like everyone else." No one writes down — as far as Renee can tell — that the pain is getting worse and moving to one side. Her sister, who drove her, hears all of it. Renee is frightened and thinking of just going home. What can she do, right now and afterward?

Walk it through: (1) **Stay, and use the words.** Leaving risks her health; the pain could be serious. Renee can say, calmly: "Please document that I reported this pain and that it is getting worse. What else could this be? What are we ruling out?" — and "I would like to speak with the patient advocate" or the charge nurse if she still is not examined. (2) **Name the assumption.** The comment treated her as drug-seeking instead of examining her. She does not have to argue about it in the moment; she does need it remembered accurately — her sister is a witness, and Renee should ask her to help note the time and the exact words. (3) **Document the same night.** Times of arrival, triage, each request, and each response; names or roles; what was and was not done; and how the visit ended. (4) **Get the record.** Afterward, request copies of the visit records and compare them with her notes — gaps between the two are exactly what reviewers need to see. (5) **Complain through the doors that fit.** First the hospital's patient advocate/patient relations office; then, because this concerns care in a licensed facility, the Massachusetts Department of Public Health complaint route; and because she believes her insurance status and an assumption about drug use shaped her care, she can also consider the HHS Office for Civil Rights. Each complaint attaches the same dated notes and records — one paper trail, several doors.

One more real-life story — Unit 13

Mr. Alvarez, 67, speaks Spanish more comfortably than English and has diabetes. At a clinic appointment about numbness in his feet, no interpreter is offered. His adult daughter usually translates, but she is at work, so the visit runs on gestures and a few words of English. The clinician increases a medication, explains the new dose quickly, and Mr. Alvarez nods — he has understood perhaps half of it. At home he takes the new dose the old way it was scheduled, and his daughter, reading the after-visit summary that evening, realizes the timing changed and calls the clinic, worried and angry.

The next morning his daughter helps him do three things. First, she writes down, with his words guiding her, what happened at the visit and what he did and did not understand. Second, she calls the clinic and says: "I am requesting an interpreter for my father's appointments, including this follow-up call, and I need that written in his chart." The clinic books a telephone interpreter for a call that same day, and the nurse re-explains the dose slowly, with the interpreter, until Mr. Alvarez can repeat it back correctly himself. Third, she asks the patient relations contact how to file a concern so the next patient is offered an interpreter at check-in without having to fight for one.

Nothing about Mr. Alvarez changed — not his language, not his manners. What changed was that a right he already had got spoken out loud, written down, and followed up. That is the whole method of this unit, and it is available to every patient in it.

Try this — Unit 13

Build **your appointment advocacy kit** before your next visit — ten minutes now saves you in a hard moment later:

- [] A one-page health summary in your bag or phone: your conditions, medicines and doses, allergies, surgeries, and your pharmacy.
- [] Your top three concerns for the visit, written down in order, so a rushed appointment still covers what matters most.
- [] The phrases from Section 4 saved in your phone — especially "I need that written in my chart" and "I would like to speak with the patient advocate."
- [] One support person chosen in advance — someone who can come with you, take notes, and be a witness — and their phone number.
- [] A notes page (paper or phone) ready for dates, times, and names, starting with this visit.
- [] A plan for your records: ask at discharge how to get copies, and actually request them after any visit that troubled you.
- [] The complaint routes from "Resources to keep" saved where you can find them without searching under stress.
- [] After the visit: five minutes in the car or at home writing what was decided, what you agreed to, and anything you did not understand — then call and ask while it is fresh.

Resources to keep — Unit 13

Verified contacts only — checked against the official pages listed in this school's build notes:

- **Emergency:** call **911**.
- **Hospital or clinic patient advocate / patient relations office** — your first stop. Ask any staff member, "I would like to speak with the patient advocate," or find the office through the facility's front desk or website.
- **Massachusetts Department of Public Health — Division of Health Care Facility Licensure and Certification (complaints about hospitals and other health-care facilities):** 24-hour Consumer Complaint Line **(800) 462-5540**; main intake **(617) 753-8150** during business hours. Written complaints go on the Consumer/Resident/Patient Complaint Form to: Complaint Intake Unit, 67 Forest Street, Marlborough, MA 01752; fax **(617) 753-8165**. Route: mass.gov — "File a complaint regarding a hospital."
- **U.S. Department of Health and Human Services — Office for Civil Rights (OCR) (discrimination based on race, color, national origin, disability, age, or sex):** file online through the **OCR Complaint Portal at ocrportal.hhs.gov**, or by mail or email using the complaint form package described on the HHS page "How to File a Civil Rights Complaint" at hhs.gov. For help filing: **1-800-368-1019**, TDD **1-800-537-7697**; complaint forms may be emailed to **OCRComplaint@hhs.gov**.

- **Disability Law Center of Massachusetts (Disability Rights Massachusetts — the state's Protection and Advocacy agency, for disability-related issues):** dlc-ma.org; 617-723-8455 or 800-872-9992.
- **988 Suicide & Crisis Lifeline:** call or text 988. **National Domestic Violence Hotline:** 1-800-799-7233. **SAMHSA National Helpline** (substance use and mental health referrals): 1-800-662-4357. **Poison Control:** 1-800-222-1222.

What you earned / what's next — Unit 13

Unit 13 (Added Topic) complete (quiz score 80% or higher): You can name the forms medical discrimination takes, state your core rights as a patient in plain language, use calm word-for-word phrases that create a record, document a bad visit the same day, and file a complaint through the facility, the state, federal civil rights, and disability-rights doors.

Good to know — putting it together at your own appointment

The moves in this unit come together like this. First, be heard directly: your care team should talk to you — not past you to the person standing next to you — and listen to what you are reporting. Second, get the access you need to take part in your own care: a professional interpreter if you understand another language better than English, accessible equipment (such as an exam table you can actually use), and the time your communication needs require. Asking for these is your right, not a favor. Third, every new symptom gets examined on its own terms — not blamed automatically on your disability, your weight, your insurance, your history, or your diagnosis list. If any of the three fails, that is the moment to use the words, the notes, and the complaint steps this unit teaches.

Word Search — Unit 13 (Added Topic)

Find the words from this class's Words to know. Words run across, down, or diagonally.

F Y P Z C Q D Q V T Z D G
K R T T J E B W O D W V S
D O C U M E N T A T I O N
V H T H P G D U Z Y E Z I
T J L H Z C U E F Y H P F
U T G J J L Y H W A A N G
S E C O N D O P I N I O N
S N N S F L G L B M O O T
K S Q O F I O Y H F T G H
P G P F J P U P R S U I J
O M B L T T Z T S P X H L
P I T B O L D I Q W E U G
B Q I E V U P Q J W S B L

Words to find: Secondopinion · Documentation

Chapter Test — Unit 13 (Added Topic)

Answer every question. Score 80% or higher to complete this class and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. You are in an emergency department, your pain is getting worse, and no one has examined you. What is the best response from this unit?

- A. Wait quietly — pain complaints annoy staff
- B. Go home and try again another day
- C. Say: "Please document that I reported this pain and what was done," and ask what else could be causing it
- D. Raise your voice until someone gives you medicine

2. What does an emergency department owe you when you arrive with a possible emergency condition?

- A. A medical screening exam and stabilizing treatment, regardless of ability to pay
- B. Treatment only after payment is arranged
- C. Treatment only if you have private insurance
- D. A referral to come back during business hours

3. A patient understands Spanish better than English and no interpreter is offered at her appointment. What should she do?

- A. Bring your child to translate to save time
- B. Say: "I am requesting an interpreter" — professional interpreter services are free to the patient
- C. Manage with gestures so the visit is faster
- D. Wait until a bilingual staff member happens to be free

4. A procedure is being prepared but it was never explained in a way you understood. What does informed consent let you do?

- A. Sign quickly — questions slow down care
- B. Ask a family member to decide for you
- C. Refuse all treatment permanently
- D. Say: "I do not consent to that — please explain my options," including risks, benefits, and alternatives

5. A visit goes badly and you believe you were dismissed because of your weight. What is the strongest next step that same day?

- A. Nothing — the moment has passed

- B. Only complain to friends so it stays private
- C. Write down dates, times, names and roles, exact words, witnesses, and what you asked for — the same day
- D. Rewrite your notes a month later from memory to make them neater

6. Where does this unit say to take a complaint about your care first?

- A. The hospital CEO's home address
- B. The facility's patient advocate or patient relations office
- C. The local newspaper
- D. No one — complaints must start in court

7. Your hospital complaint is not resolved by the facility. Which Massachusetts office investigates complaints about hospitals and other licensed health-care facilities?

- A. The Massachusetts Department of Public Health, Division of Health Care Facility Licensure and Certification
- B. The Department of Motor Vehicles
- C. Your health insurance company's marketing office
- D. The hospital gift shop

8. You believe you were treated worse because of your race by a health program. Where can you file a federal civil rights complaint?

- A. Your employer's human resources office
- B. The Massachusetts Department of Public Health only
- C. The Disability Law Center only
- D. The U.S. Department of Health and Human Services Office for Civil Rights (OCR), through the OCR Complaint Portal

9. Which statement about your rights as a patient is correct?

- A. A second opinion is rude and never allowed
- B. Only your doctor may request your records
- C. You may ask about a second opinion and request copies of your own medical records
- D. A support person is never allowed at appointments

10. A man who uses a wheelchair reports a new symptom, and it is blamed on his long-standing disability without an exam. What should respectful, non-discriminatory care look like instead?

- A. Blame it on his disability without examining the new symptom

- B. Listen to him directly, provide needed access such as an interpreter or accessible equipment, and examine the new symptom on its own terms
- C. Answer his questions to the person standing next to him
- D. Shorten the visit because his care is complicated

Certificate — Unit 13 (Added Topic)

Minister Destiny Testimony Schools

Certificate of Completion — Unit 13 (Added Topic): Medical Discrimination — Being Believed, Speaking Up, and Getting Help

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Adult

Unit 13 (Added Topic): Medical Discrimination — Being Believed, Speaking
Up, and Getting Help

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Educational completion certificate only — not a state license, POST certification, or government
credential.

Minister Destiny Testimony Schools — Adult

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My Agenda — Class Tracker

Everything in this agenda is yours to write in. It stays in your book — nothing is collected.

Step	Done	Date	Score	Grade
Week 1 — Study the lesson				
Week 2 — Study + Words to know				
Week 3 — Stories + Try-this activity				
Week 4 — Chapter test (pass at 80% or higher)				

Letter grades: A 90–100 · B 80–89 · C 70–79 · D 60–69 · F below 60.

My goals for this class

Write the goals you are working toward in this class — and for yourself.

My Weekly Planner

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Resources to Keep

This class's resources, in one place. Keep this page.

- Verified contacts only — checked against the official pages listed in this school's build notes:
- Emergency: call 911.
- Hospital or clinic patient advocate / patient relations office — your first stop. Ask any staff member, "I would like to speak with the patient advocate," or find the office through the facility's front desk or website.
- Massachusetts Department of Public Health — Division of Health Care Facility Licensure and Certification (complaints about hospitals and other health-care facilities): 24-hour Consumer Complaint Line (800) 462-5540; main intake (617) 753-8150 during business hours. Written complaints go on the Consumer/Resident/Patient Complaint Form to: Complaint Intake Unit, 67 Forest Street, Marlborough, MA 01752; fax (617) 753-8165. Route: mass.gov — "File a complaint regarding a hospital."
- U.S. Department of Health and Human Services — Office for Civil Rights (OCR) (discrimination based on race, color, national origin, disability, age, or sex): file online through the OCR Complaint Portal at ocrportal.hhs.gov, or by mail or email using the complaint form package described on the HHS page "How to File a Civil Rights Complaint" at hhs.gov. For help filing: 1-800-368-1019, TDD 1-800-537-7697; complaint forms may be emailed to OCRComplaint@hhs.gov.
- Disability Law Center of Massachusetts (Disability Rights Massachusetts — the state's Protection and Advocacy agency, for disability-related issues): dlc-ma.org; 617-723-8455 or 800-872-9992.
- 988 Suicide & Crisis Lifeline: call or text 988. National Domestic Violence Hotline: 1-800-799-7233. SAMHSA National Helpline (substance use and mental health referrals): 1-800-662-4357. Poison Control: 1-800-222-1222.

Answer Key

For parents, teachers, and self-checking after you finish the chapter test.

Unit 13 (Added Topic) Test — Medical Discrimination — Being Believed, Speaking Up, and Getting Help

1. Say: "Please document that I reported this pain and what was done," and ask what else could be causing it
2. A medical screening exam and stabilizing treatment, regardless of ability to pay
3. Say: "I am requesting an interpreter" — professional interpreter services are free to the patient
4. Say: "I do not consent to that — please explain my options," including risks, benefits, and alternatives
5. Write down dates, times, names and roles, exact words, witnesses, and what you asked for — the same day
6. The facility's patient advocate or patient relations office
7. The Massachusetts Department of Public Health, Division of Health Care Facility Licensure and Certification
8. The U.S. Department of Health and Human Services Office for Civil Rights (OCR), through the OCR Complaint Portal
9. You may ask about a second opinion and request copies of your own medical records
10. Listen to him directly, provide needed access such as an interpreter or accessible equipment, and examine the new symptom on its own terms

Sources & Credits

The lessons in this book were written for Minister Destiny Testimony Schools from public sources — official websites, public health and safety organizations, help lines, and the law itself. The sources each chapter was built from, and the help resources it points you to, are listed under that chapter's name, with credit, so you can check anything in this book and keep learning. Court opinions and laws are public documents that belong to everyone. Everything here is retold in the school's own plain words — nothing in this book is copied from anyone else's book.

Unit 13 (Added Topic) — Medical Discrimination — Being Believed, Speaking Up, and Getting Help

- Emergency: call 911.
- Hospital or clinic patient advocate / patient relations office — your first stop. Ask any staff member, "I would like to speak with the patient advocate," or find the office through the facility's front desk or website.
- Massachusetts Department of Public Health — Division of Health Care Facility Licensure and Certification (complaints about hospitals and other health-care facilities): 24-hour Consumer Complaint Line (800) 462-5540; main intake (617) 753-8150 during business hours. Written complaints go on the Consumer/Resident/Patient Complaint Form to: Complaint Intake Unit, 67 Forest Street, Marlborough, MA 01752; fax (617) 753-8165. Route: mass.gov — "File a complaint regarding a hospital."
- U.S. Department of Health and Human Services — Office for Civil Rights (OCR) (discrimination based on race, color, national origin, disability, age, or sex): file online through the OCR Complaint Portal at ocrportal.hhs.gov, or by mail or email using the complaint form package described on the HHS page "How to File a Civil Rights Complaint" at hhs.gov. For help filing: 1-800-368-1019, TDD 1-800-537-7697; complaint forms may be emailed to OCRComplaint@hhs.gov.
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- Help lines: National Domestic Violence Hotline 1-800-799-7233 · 988 Suicide & Crisis Lifeline (call/text 988) · Childhelp 1-800-422-4453.

The school itself is free: every class in this book, with its test and certificate, is free online at destinymorganbooks.com.

About the Author

Minister Destiny Marie Morgan is an ordained Muslim minister. She was ordained on May 15, 2025, through the Universal Life Church, and she is registered clergy in Massachusetts.

Her ministry is advocacy — standing up to injustice and helping people, locally and internationally.

She is the founder of Minister Destiny Testimony Schools, a free school. She built it so people can learn for free what cost her years to learn — people who may not have jobs, good credit, or loans, and who deserve real knowledge anyway. Every class is free online, for every age, with no sign-up and nothing collected.

She is also the author of two testimony series — Chronicles of Destiny Morgan and The Chronicle Trials — her own story, in her own words. Those books are her testimony; these school books are her teaching.

Follow her Amazon Author Page to find every new book as it comes out.

The school is free online at destinymorganbooks.com.

Contact: ministerdestinymariemorgan@gmail.com

From Minister Destiny

You finished this book — but the learning does not stop here. Keep your resources close, keep asking questions, and use what you now know to help the people around you. If this book helped you, pass it to someone who needs it. I built this school for you, and I am proud of you for showing up for yourself. — Minister Destiny Marie Morgan

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