



Letter of Support Requirements

Primary Care Provider or Hormone Therapy Provider

- Patient demographics, including legal name and date of birth
- Date of letter written and hand signature
- Patient has taken hormones for a minimum of twelve continuous months if required for desired surgery, or there is a medical contraindication to hormone therapy
- A medical necessity for surgery and confirmation that the client is adherent with current gender dysphoria treatment.

Mental Health Provider

- Patient demographics, including legal name and date of birth
- Date of letter written and hand signature
- Independently confirms the diagnosis of gender dysphoria as defined by the Diagnostic Statistical Manual of Mental Disorders; and documents that,
- The client has lived in a gender role that is congruent with their gender identity for a minimum of 12 months, preceding surgery, or has been unable to live in their gender identity due to personal safety concerns (living in their gender identity is not a requirement for mastectomy, orchiectomy)
- The client has been evaluated for any coexisting behavioral health conditions, and if any are present, the conditions are adequately managed.
- **Accepted qualified providers**
 - Psychiatrist
 - Psychologist
 - Psychiatric advanced registered nurse practitioner (ARNP)
 - Psychiatric mental health nurse practitioner- board certified (PMHNP-BC)
 - Licensed Mental Health Counselor (LMHC)
 - Licensed Independent Clinical Social Worker (LICSW)
 - Licensed Advanced Social Worker (LASW)
 - Licensed Marriage and Family Therapist (LMFT) and: