

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

**Gender Affirming Treatment - Medical Necessity Provider Attestation**

- The patient is at least 18 years of age, or has parental consent, and has demonstrated the capacity to make fully informed decisions and consent to treatment. When consent involves a minor, parental consent will be required, and the current Maryland Minor Consent Laws will define who can consent for what services and providers' obligations.

Check one of the following:

- I am a Somatic Primary Care healthcare professional (Primary Care Provider as defined by COMAR 10.67.05.05A(5)) with a MD, PhD, DO, NP or PA who has competencies in the assessment of transgender and gender diverse people seeking gender-related medical and surgical treatment.

**OR**

- I am a mental health professional with a PhD, MD, EdD, DSc, DSW, PsyD, LCPCs, or LCSW-C, who has competencies in the assessment of transgender and gender diverse people seeking gender-related medical and surgical treatment.

- The patient has a diagnosis of gender dysphoria of gender incongruence.
- The patient's experience of gender incongruence is marked and sustained.
  - The patient has the desire to make their body as congruent as possible with a desired gender through surgery, hormone treatment, or other medical therapies.
  - The gender incongruence causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
  - The gender incongruence is not a symptom of another mental disorder.
- The patient has no contraindicating somatic or mental health conditions that would impair their ability to participate in informed consent. In the situation where a patient has a mental health condition that interferes with their capacity to give informed consent and understand the risks, benefits, and alternatives to gender affirming treatment, the provider should facilitate treatment of the underlying condition to support the individual's ability to provide informed consent.
- The patient has the capacity to understand the effect of gender-affirming treatment on reproduction and has been versed in reproductive options prior to the initiation of gender-affirming surgeries that have the potential to create iatrogenic infertility.
- The patient has expressed full understanding of the psychological, social, and medical implications of treatment, for now and the future.

**Provider Name (Please Print):**

**Provider signature:**

**Date:**