

# WRITING A LETTER OF SUPPORT FOR GENDER AFFIRMING SURGERIES

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## INTRODUCTION

## WHAT A LETTER OF SUPPORT NEEDS TO CONTAIN

The most current edition of the Standards of Care (SOC) by the World Professional Association for Transgender Health (WPATH) released in 2011 recommends the following content for gender affirming surgical support letters:

1. The client's general identifying characteristics
2. Results of the client's psychosocial assessment, including any diagnoses
3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
5. A statement that informed consent has been obtained from the patient
6. A statement from a mental health professional that believes the risks associated with delaying surgery outweigh the benefits of waiting until reaching the age of 18.
7. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

*As key multidisciplinary team members for the gender journey for adolescents, mental health therapists must perform a thorough evaluation and can confidently recommend surgery before age 18.*

*Insurance companies require a letter from a mental health care professional prior to all gender affirming surgeries. The letter is a statement that the client is ready and able to give informed consent.*

*Most insurance companies require mental health providers to state in the letter that they have an ongoing 'provider and patient relationship with the patient'.*

*Although hormones are not a requirement for top surgery most insurances would like this to be addressed. Such as, whether the patient is taking hormones or not. If they are taking hormones indicate how long they've been on HRT, if they're not taking hormones make an indication as to why that is.*

*For patients who are seeking approval through Medi-Cal GCC surgeons Insurance Advocacy team has observed it's helpful for there to be a statement addressing any substance abuse issues (or lack there of).*



## IS IT NECESSARY?

*At The Gender Confirmation Center Of San Francisco, a referral letter isn't considered to be an absolute requirement for gender affirming surgeries as GCC surgeons uses the informed consent model.*

*However, individuals younger than 18 years of age need 2 letters of support. Though we do not require support letters in all cases, insurance companies do deem these support letters as necessary.*

## WHAT THE SUPPORT LETTER SHOULD LOOK LIKE

On the next page, you will find a template of what the support letter should contain. The template on the next page and has footnotes that indicate how the referral letter meets the WPATH SOC criteria.

Note: The letter has to include a diagnosis of the patient having F64.9 Gender Dysphoria.



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Dear [Today's date],

I am writing you today to assert my full support for [legal name], who identifies as [name or pronoun] to receive a gender confirming top surgery. [Name or pronoun] is [years old] living in [location]. [Name or pronoun] is an [occupation] and is living [accommodations]. [Name or pronoun] has a support system of [example] who will be taking care of [name or pronoun] during the surgical recovery.<sup>1</sup>

My clinical assessment is that [name or pronoun] is diagnosed as having F64.9 Gender Dysphoria. [Patient's name] meets the criteria set forth by the WPATH Standards of Care for gender confirming surgeries. [Name or pronoun] experiences extreme distress and dysphoria as they do not identify with the sex assigned at birth and has felt this way since [insert amount of time] which is why they are seeking approval for this procedure.<sup>2</sup>

I have had an ongoing therapeutic relationship with [name or pronoun] since [insert date]. [Name or pronoun] has had a persistent stable [gender identity] for [insert amount of time]. [Patient's name or pronoun] spoke with me about [name or pronoun] desire for surgery due to [insert reasoning, use patient's own words].<sup>3</sup>

Informed consent was provided by [legal name] and has the capacity to consent for treatment with surgery.<sup>4</sup> [Name or pronoun] is aware of the risks, benefits and after care needs of this procedure. Furthermore, I do not see any confounding diagnoses that would complicate this process of approving [name or pronoun] for surgery.<sup>5</sup>

As a mental health professional, I believe the psychological risks and negative impacts of delaying surgery outweigh the benefits of waiting until reaching the age of consent. Therefore I recommend the patient undergo surgery before the age of 18 in order to treat their gender dysphoria.<sup>6</sup>

[Name or pronoun] will have continued access to my services for care and support. I am available for coordination and welcome any appropriate communication with your office. I can be contacted at [insert phone number and email] if you have further questions.<sup>7</sup>

Sincerely,  
[Name of mental healthcare provider]  
[Provider signature]

<sup>1</sup> The client's general characteristics

<sup>2</sup> Results of the client's psychosocial assessment, including diagnosis

<sup>3</sup> The duration of mental health professional's relationship with the client, including the type of evaluation & therapy date

<sup>4</sup> A statement that informed consent has been obtained from the patient

<sup>5</sup> An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery

<sup>6</sup> A statement from a mental health professional that believes the risks associated with delaying surgery outweigh the benefits of waiting until reaching the age of 18.

<sup>7</sup> A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this