

DO NOT RELEASE OUTSIDE UWH

Patient Name

DOB:

MR #

UW Health
(University of Wisconsin Hospitals and Clinics Authority)
**PATIENT REQUEST FOR GENDER
DESIGNATION-LEGAL GENDER CHANGE**

Index to Gender Designation

Date: _____

Patient Information

Name – Last, First, Middle Initial			
Street Address	City	State	Zip
Medical Record Number (if known)	Birth Date	Telephone Number	

I request that UW Health change the gender designation in my electronic health care record to read:

(Please select one) Female Male

I understand that I must provide verification of gender change by submitting one of the documents listed below. The document I submit must be valid (unexpired).

- United States driver's license
- United States passport
- Amended state-issued birth certificate
- Medical certification letter from a physician, nurse practitioner or physician's assistant who holds a current/unexpired license or certification at the time of issuing the medical certification letter. The letter must be an original document on the health care provider's letterhead and must include **all** of the following:
 - A statement that you are receiving treatment for gender transition
 - The date treatment began
 - Your (patient's) name and date of birth
 - The health care provider's name, address, telephone number, license or certification number and the issuing state or other jurisdiction of the license or certificate

I understand that a copy of this request and the verification document that I submit will be scanned into my electronic health record. **I also understand that UW Health will include a notation in my file record that a gender designation change was made, to ensure that I receive appropriate clinical treatment based on biological and physiological characteristics as well as my current gender identity.** I understand that a request for removal of all evidence of a gender designation change in my electronic health care record will not be granted.

Signature of Patient/Representative: _____ Date: _____ Time: _____

If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: _____ Relationship: _____

- Patient is: Minor Incompetent/Incapacitated
- Legal Authority: Legal Guardian Parent of Minor
- Health Care Agent Other _____

Reviewed by: _____ Date: _____ Time: _____

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The Health Information Management (HIM) department will review your request for a gender designation change. Generally the HIM staff will make the change within three to five business days after receiving the signed Patient Request for Gender Designation/Legal Gender Change form and one of the verification documents listed on the form.

A gender designation change could affect system generated alerts for patient health monitoring and testing. The electronic medical record is programmed to provide alerts to patients and providers based on the gender designation in the record, which is usually the patient's birth sex. Some alerts for tests and other monitoring that are based on a patient's birth sex continue to be important for the patient's care after a gender change. Currently, making a gender designation change in the electronic medical record could prevent you and your provider from receiving important alerts for monitoring and testing. You might also find that you and your provider receive alerts about some tests or procedures that are no longer needed or are non-applicable after a gender change. UW Health is working with its medical record company on changes to the software to fix these problems for patients and providers.

Your health care team will recommend health care services based on your medical and physiological needs. Talk to your provider if you have questions about any alerts that you receive or if you stop receiving alerts that you received before the gender designation change was made.

A gender designation change in the medical record will not remove all references to your birth sex. A notation of your birth sex remains in your medical record after the gender designation change is made because it is important to your medical care. Your medical treatment will include care that is based on your biological and physiological characteristics as well as your gender identity.