

DO NOT RELEASE OUTSIDE UWH

Patient Name:

DOB:

MR #:

UW Health
(University of Wisconsin Hospitals and Clinics Authority)
**PATIENT REQUEST FOR LEGAL GENDER
INCLUSION/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 include or change the legal gender designation in my electronic health care record to read:
(Please select one): Female Male X Nonbinary

Note: The legal gender designation you select must be shown on the verification document you submit.

I understand that I must provide verification of legal gender to add or change the legal gender designation in my health care record 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

My sex assigned at birth is: Female Male Other (must specify): _____

Note: The sex assigned at birth must match the information on your original birth 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 understand that a request for removal of all evidence of sex assigned at birth or a gender designation change in my electronic health care record will not be granted. I have reviewed and understand the information on this form, including all information on the reverse side.

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 legal gender inclusion or change. Generally, the HIM staff will make the change within three to five business days after receiving the signed Patient Request for Legal Gender Inclusion/Legal Gender Change form and one of the verification documents listed on the form.

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 health maintenance alerts that you receive or if you stop receiving alerts that you received before the legal gender designation change was made.

A legal 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 legal 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.

Mail or Fax to:
UW Health Information Management
Attn: HIM Identity
8501 Excelsior Dr. 2nd Floor
Madison, WI 53717
Fax: (608) 203-1032