

## Sample Health Care Provider Letters to Correct Your Gender on Federal Documents

**Note:** You can use these sample letters to correct your gender on federal documents. You will need to ask your health care provider to copy the language from these sample letters onto their own letterhead exactly as it appears in these samples. Do not change the wording in these letters. If you change the wording, you might lose important legal language you need.

These letters may not be right for your case. They can't take the place of advice from a lawyer. Talk to a lawyer if you have **any** questions.

### Where Can I Get More Information?

- You can find the TransForm Name and Gender Change packet at: [montanalawhelp.org/resource/transform-name-and-gender-change-faq-court-forms](http://montanalawhelp.org/resource/transform-name-and-gender-change-faq-court-forms).
- The Montana Code Annotated (M.C.A.) contains the law on changing your name. The laws related to changing your name can be found in Title 27, Chapter 31. The M.C.A. can be found at your local library or on the Montana Judicial Branch's website at: [courts.mt.gov/](http://courts.mt.gov/).
- The Administrative Rules of Montana (A.R.M.) contains the law on changing your gender at Title 37, Chapter 8, Part 311. An easier way to write this is ARM 37-8-311. You can find the Administrative Rules of Montana on the Secretary of State's website at: [sosmt.gov/](http://sosmt.gov/).



## Where Can I Get Legal Help?

These organizations may be able to help you:

- **Montana Legal Services Association (MLSA)** gives free legal help to eligible clients. To find out if you qualify for MLSA, call the MLSA HelpLine at 1-800-666-6899 or apply online at: [mtlsa.org](http://mtlsa.org).
- **The State Bar Lawyer Referral and Information Service (LRIS)** refers people to Montana lawyers who might be able to help. The referral is free. Call LRIS at 1-406-449-6577.
- **The State Law Library** can help you find and use legal resources such as books, forms, and websites. You can visit the Law Library website at [courts.mt.gov/Library](http://courts.mt.gov/Library). Or you can contact a Reference Librarian at 1-406-444-3636 or by email at [lawlibcirc@mt.gov](mailto:lawlibcirc@mt.gov).

## Sample Physician Letter to Correct Federal Document(s)

[On office letterhead providing physician's address and telephone number]

I, (physician's full name), (physician's medical license or certificate number) am a licensed physician in (issuing U.S. State/Foreign Country of medical license/certificate), (DEA registration number or comparable foreign equivalent). I am the physician of (name of patient), born on (date of birth of patient), with whom I have a doctor/patient relationship and whom I have treated (or "with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated").

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender, (specify new gender, male or female).

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Signature of Physician

Typed Name of Physician

Date

## Health Care Certification

It is very important to have the exact language that is used below for your letter. It may be a good idea to print out a copy of this letter or email this to your provider so that the language is exact.

[On your treating provider's letterhead]

[Date]

To Whom It May Concern:

I am a licensed [counselor, nurse practitioner, physician, physician assistant, psychologist, social worker, or therapist], and I have treated or evaluated [patient's name] in relation to [patient's name]'s gender. In my professional opinion, [patient's name]'s gender is consistent with a designation of [male or female]. Patient's

Information: Full Name: Date of Birth:

Health Care Professional's Information: Full Name: Organization (if any): Address: Phone Number: License Type: [counselor, nurse practitioner, physician, physician assistant, psychologist, social worker, or therapist] License Number: Issuing State, Country, or other Jurisdiction of License:

Sincerely,

[Health Care Professional's Signature]

[Health Care Professional's Printed Name]