

CONSENT FOR SURGICAL ASSESSMENT

Purpose

The purpose of this evaluation is to assess whether I, _____, meet criteria for Gender Incongruence as outlined in the most current version of the ICD-10 at the time of the evaluation. This assessment is necessary for me to pursue gender-affirming medical treatments, including hormones and surgical procedures.

In order to access gender-affirming care, I am required to obtain a mental health assessment by a licensed clinician who can confirm that I meet the diagnostic criteria for gender incongruence, as per WPATH's 8th Standards of Care as adopted by the Oregon Health Authority (OHA) as of January 1, 2024. The Standards of Care emphasize the importance of assessing gender incongruence, identifying any co-existing mental health concerns, offering information about gender-affirming treatments, discussing risks and benefits, and ensuring the individual has the capacity to understand the treatment being offered. The decision to proceed with gender-affirming treatments is collaborative between the individual and the assessing health care professional (HCP).

Scope of Practice

I understand that Moira Ryan is not a medical doctor and that any decisions regarding medical interventions must be made in consultation with a qualified medical provider. Moira Ryan is not responsible for any surgical procedures or decisions regarding my body. Specifically, the assessment and any letter generated as a result of the assessment are not informed consent for any medical procedure or treatment provided as a result of the assessment. Our role in the collaborative decision-making process is to assess for gender incongruence, address co-occurring issues, discuss risks and effects, and provide information. We do not recommend a specific decision, but rather enable informed decision-making in consultation with medical providers.

I acknowledge that Moira Ryan is only working within their professional scope and cannot be held liable for any decisions I make regarding medical procedures or treatments after consulting a qualified medical professional. The letter generated from this assessment is based primarily on the information provided during the assessment.

What to Expect in the Assessment Session

The assessment involves an interview-type process where questions will be asked about surgical goals, gender experience, body perception, and mental health.

Length of the Assessment

While most assessments can be completed in one appointment, additional sessions may be necessary. The process may take longer if more time is needed to address concerns or if ongoing therapy is recommended. Some people find it helpful to complete the assessment in more than one session. You should discuss with your evaluator the appropriate amount of time for you to complete the evaluation.

If the evaluation has taken more than 3 sessions, your evaluator may determine that ongoing therapy is necessary. In such case, your evaluator will work with you to find appropriate care.

Updating Letters

Insurance companies and surgeons often require updated letters if the original letter was written more than a year ago. At least one additional appointment is required for reassessment and updating. It is your responsibility to check with your surgeon and insurance to determine when a new or updated letter is required. It is important to contact Moira at least 2 months before the updated letter is needed.

Limitations of this Process

This assessment is based on our discussions at the time of the assessment. We will provide the letter to individuals you specifically authorize. We cannot control the confidentiality of the letter once it leaves our office.

Client Responsibility

Participation in this evaluation is voluntary, and I have the right to withdraw consent at any time. It is my responsibility to have ongoing, honest conversations with medical providers and to seek information regarding any course of action I choose to take.

Agreement to Terms and Conditions

By signing below, I agree to the above-listed terms and conditions for services. I acknowledge that I have read and understood these terms and that [Your Name] has reviewed them with me, allowing for questions and discussion.

Name (please print): _____

Signature: _____ Date: _____