

# Collegiate Gender Affirming Care Coalition

## Clinical Guidelines

*Below are guidelines developed in collaboration and consultation with medical and mental health providers across the U.S. These guidelines were developed based on guidance from WPATH, professional licensing boards, professional ethical standards, and consultation with experienced practitioners and community members. The WPATH standards promote a harm-reduction model, which these guidelines echo. These guidelines will change over time and are not required to be followed. The intention is to offer guidance for practitioners to provide effective care that protects providers and patients.*

### General Documentation Guidance

- Discuss documentation with patients including if they would like their pronouns in the chart or not.
- Consider updating names for cisgender clients if they use a name other than their full legal name (Ex: Michael goes by Mike, update this in Mike’s chart to normalize use of non-legal names across genders).
- Inform patients who can or cannot see their pronouns, gender identity, sexual orientation, and other personal identifying information in their chart.
- Inform patients of how to change this information (i.e., who do they ask to update their name, pronouns, etc.).
- Avoid using Gender Dysphoria (F64.0) as a diagnostic code unless it is required for access to treatment.
- If possible, avoid use of pronouns for any patient when writing notes, instead using, “patient,” “student,” or “client,” depending on your role and setting.
- Focus documentation on mental health, how client is coping, and how you supported them, not on policies or specific threats.
- When possible, refrain from disclosing transgender status in documentation.
- Transgender people have and will always find ways to access hormones and gender affirming care. As providers, it is our responsibility to respect their decisions and ensure they have what they need to be safe (i.e., information, resources, community).

| Medical Documentation Tips   |                       |
|--|-----------------------|
| Diagnostic codes   | Pharmacy Resources    |
| E34.9 Endocrine disorder NOS   | GoodRx                |
| Z79.899: Other long term (current) drug therapy                        | CostPlus Drug Company |
| Z79.899 long term monitoring for high-risk medications (to cover labs) |                       |
| Hypogonadism   |                       |
| R79.89 low testosterone  |                       |
| R79.89 low serum estradiol   |                       |

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| Mental Health Documentation Tips                                  |   |
|---|---|
| Topic   | Documentation Example   |
| Loss or fear of loss of access to hormones or surgical procedures | Client discussed concerns/stress/fears related to losing medical care. Writer explored coping strategies and ways to build resiliency and develop a plan.   |
| Issues related to being misgendered by others                     | Client discussed concerns about unmet needs in interpersonal relationships. Writer helped client develop coping strategies to effectively self-advocate.  |
| Issues related to family disowning because of being trans         | Client discussed family relationships and a need to have no contact with family due to values differences. Writer supported client to develop a plan for... (housing, finances, etc.)   |
| Issues related to losing housing/job due to being transgender     | Client discussed recent loss of job/housing and experiencing extreme distress related to this. Discussed ways to increase safety and apply to (jobs, housing) that Writer supported client to develop a plan for... (housing, finances, etc.) |
| Concerns about traveling due to being transgender                 | Described feelings of overwhelm and lack of safety. Discussed ways to increase safety and develop a plan to manage stress   |
| Concerns about being outed in the workplace                       | Client reported fears of privacy concerns in workplace. Client reported feelings of vulnerability due to workplace dynamics. Discussed ways to establish boundaries for self-protection.  |