

## CLINIC LETTERHEAD

Date: [ ]

RE: "[Name Used]" [Legal First Name] [Legal Last Name]

DOB: [ ]

PHN: [ ]

To whom it may concern,

I am writing on behalf of my patient, [Name Used], who has been under my care since [month/year]. I am a [designation] in good standing with the [Registration Body], [license number].

This letter is to confirm that [Name Used] is transgender and living in [pronoun] [male/female/non-binary] gender. Any resulting discrepancy between [pronoun] identification documents and appearance is not intended to perpetrate fraud or cause harm to any individual. [Name Used] does so to increase [pronoun] personal comfort and safety.

Two-Spirit, transgender and gender diverse people have the right to be referred to by their correct name and pronoun, and to not be outed, even if they have not legally changed their name or gender. If you have any additional questions or concerns, please take steps to ensure that conversations happen in a safe and confidential way (discussing away from other patrons, using a quieter voice, etc). Consider respectfully and discretely requesting a secondary piece of ID.

Sincerely,

[Name] [Credentials]  
[Contact information]