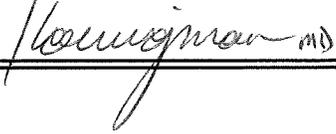


<p style="text-align: center;">New York State Department of Corrections and Community Supervision Division of Health Services POLICY</p>	<p>Title: Gender Identity Disorder</p> <p>Section: Health Care Services</p>	<p style="text-align: center;">Number 1.31</p>
<p>Supersedes: HSPM 1.31 dated 1/3/08</p>	<p style="text-align: center;">Page: 1 of 4 Date: 5/20/13</p>	
<p>References: Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition (DSM-IV)</p>		
<p>Approved by:  md</p>		

I. POLICY:

It is the policy of the New York State Department of Corrections and Community Supervision to recognize that Gender Identity Disorder (GID) is a psychiatric diagnosis as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and that the Department will address offender health care needs consistent with this diagnosis. A GID diagnosis can be established prior to admission to the department or, subsequent to admission, upon referral to a Mental Health Professional with specific expertise in this disorder.

II. DEFINITION:

Gender Identity Disorder is described by the DSM-IV-TR as having two components:

- A. First, there must be evidence of a strong and persistent desire to be, or the insistence that one is, of the other gender. This insistence must not be a desire for any perceived cultural advantages of being the other gender.
- B. Second, there must also be evidence of persistent discomfort (dysphoria) about one's assigned gender or a sense of inappropriateness of that assigned gender role.

A diagnosis of this disorder is not made if the individual has a concurrent physical intersex condition. The diagnosis must include evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning.

III. PROCEDURE:

A. Verifying or Establishing the Diagnosis:

1. Offenders may present upon entry to DOCCS claiming a previously established diagnosis of GID. Medical staff will attempt to verify the diagnosis by contacting prior health care providers. This will be initiated at reception and continued at the permanent facility if not completed. If the diagnosis cannot be verified, the Regional Medical Director (RMD) GID Coordinator will be contacted. The RMD GID Coordinator will review the case and decide if the diagnosis is established or if the offender requires a diagnostic evaluation. Once the diagnosis is verified, the offender's medical problem list must be updated.
2. Offenders presenting during incarceration with complaints or symptoms consistent with GID will be referred to the RMD GID Coordinator for consideration of a GID diagnostic evaluation. The RMD GID Coordinator will conduct an independent review of all pertinent information and determine if a diagnostic evaluation for GID is medically appropriate. If recommended by the RMD GID Coordinator and approved by the Deputy Commissioner/Chief Medical Officer, the offender will be referred for consultation to a Mental Health Professional with specific expertise in this condition to establish a diagnosis and make treatment recommendations. Once the diagnosis is established, the offender's medical problem list must be updated.

B. GID Hormone Therapy:

1. Offenders entering DOCCS claiming a previously established diagnosis of GID and on hormone therapy will have the therapy temporarily continued while the diagnosis is verified. If there is concern about the diagnosis, the RMD GID Coordinator will be contacted and the RMD GID Coordinator will consult with the Deputy Commissioner/Chief Medical Officer regarding continuation of therapy. When the diagnosis is verified, treatment will be continued and appropriate laboratory testing for monitoring will be obtained as necessary. If, during the course of therapy, hormone dosage adjustments are required, a consultation with an Endocrine Specialist will be obtained.
2. If an offender has a diagnostic evaluation and a diagnosis of GID is established and hormone therapy is recommended, the offender will be referred to an Endocrine Specialist for purposes of initiating appropriate hormone and other medications. The offender's problem list must be updated with the GID diagnosis.

3. Prior to the initiation of hormone therapy or the continuation of hormone therapy for offenders entering DOCCS on hormone therapy, consent of the offender must be obtained and documented on the appropriate (i.e. female to male or male to female) Hormone Treatment Consent Form (Attachment A and B). The information contained in the consent form must be explained to the offender by the primary care provider.

C. State-Issue Bras:

GID diagnosed offenders (male to female) can make a request to the facility Health Unit to obtain, possess and wear DOCCS state-issued bras (six altogether: two of which can be sport bras). Ordering and procurement will follow the below listed procedures:

1. GID diagnosed offenders requesting bras will be called to the facility Health Unit to measure themselves by following the instructions in the Bra Measuring Instructions and Sizing Chart (Attachment C). This will be done in the presence of a health care professional who will observe the measurements and determine the bra size based on the information in the measuring chart. Once the size is determined, a health care professional will notify the Deputy Superintendent for Administration (DSA) at their facility by completing Section 1 of the "Bra Request Gender Identity Disorder (GID) Outlook Eform" (Attachment D).
2. Using the same "Bra Request" outlook eform, the DSA will complete Section 2 and forward the eform to the Institution Steward of either Albion or Bedford Hills Correctional Facility, whichever facility is geographically closer to the requesting facility.
3. The Albion/Bedford Hills Institution Steward will complete Section 3 of the same "Bra Request" eform and send it back to the requesting facility. The Steward will procure the requested bras and forward them to the requesting facility Health Unit along with a hard copy of the applicable "Bra Request" eform.

Department of Corrections and Community Supervision Health Services Policy

Title: Gender Identity Disorder

Number: 1.31

Date: 5/20/13

Page: 4 of 4

4. Upon receipt of the bras at the requesting facility, the offender will be called out to the facility Health Unit and be issued the bras along with a medical permit to possess and wear the bras.

5. Documentation of all steps in the bra request process, along with a copy of the completed eform and medical permit, will be placed in the Miscellaneous Section of the offender's Ambulatory Health Record.

GID offenders cannot receive bras through the package room or through personal purchase.

FEMALE TO MALE HORMONE THERAPY CONSENT FORM

The full medical effects and safety of hormone therapy are not fully known. There is an increased risk of the following adverse effects which may include, but is not limited to:

- Increased cholesterol/fats in the blood which may increase risk for heart attack or stroke
- Increased number of red blood cells (increased hemoglobin), which may cause headache, dizziness, heart attack, confusion, visual disturbance, or stroke
- Acne
- Heart disease, arrhythmias, and stroke
- High blood pressure
- Liver disease and inflammation
- Increased (or decreased) sex drive and sexual functioning
- Psychiatric symptoms such as depression and suicidal feelings: anxiety, psychosis (disorganization and loss of touch with reality), and worsening of psychiatric illnesses
- Infertility
- Genital changes (enlargement of the clitoris and labia with vaginal dryness)
- Male pattern baldness with development of facial and body hair

Some side effects from hormones are irreversible and can cause death.

The above risks and benefits of hormonal therapy have been discussed with me including the risk that hormone therapy will not accomplish the desired objective.

I have read and understand the above information regarding hormone therapy and **accept the risks** involved.

I have read and understand the above information regarding hormone therapy and **do not accept the risks** involved.

I have had sufficient opportunity to discuss my condition and treatment with my medical provider and I have adequate knowledge on which to base an informed consent for hormone therapy.

Signature of Patient	Date	Legal Name of Patient
Signature of Primary Care Provider	Date	Name of Primary Care Provider (Printed)

MALE TO FEMALE HORMONE THERAPY CONSENT FORM

The full medical effects and safety of hormone therapy are not fully known. There is an increased risk of the following adverse effects which may include, but is not limited to:

- Increased or decreased cholesterol and /or fats in the blood, which may increase risk for heart attack or stroke
- Elevated levels of potassium in the blood, which may cause abnormal heart rhythms (if spironolactone is used)
- Blood clots (deep venous thrombosis, pulmonary embolism)
- Breast tumors/cancer
- Heart disease, arrhythmias, and stroke
- High blood pressure
- Liver disease and inflammation
- Pituitary tumors (tumor of small gland in the brain which makes prolactin)
- Decreased number of red blood cells (anemia)
- Acne (if progesterone is used)
- Increased or decreased sex drive and sexual functioning
- Psychiatric symptoms such as depression and suicidal feelings; anxiety, psychosis (disorganization and loss of touch with reality), and worsening of pre-existing psychiatric illnesses
- Testicular atrophy (decrease in size and function)
- Impotence (difficulty with penile erections)

Some side effects from hormones are irreversible and can cause death.

The above risks and benefits of hormone therapy have been discussed with me including the risk that hormone therapy will not accomplish the desired objective.

I have read and understand the above information regarding hormone therapy and **accept the risks** involved.

I have read and understand the above information regarding hormone therapy and **do not accept the risks** involved.

I have had sufficient opportunity to discuss my condition and treatment with my medical provider and I have adequate knowledge on which to base an informed consent for hormone therapy.

Signature of Patient	Date	Legal Name of Patient
Signature of Primary Care Provider	Date	Name of Primary Care Provider (Printed)

Bra Measuring Instructions and Sizing

- Use the provided tape measure

- 1) Band Measurement:

- o Take a snug measurement around your rib cage, under your bust and shoulder blades (see Band Size figure).
- o Add 2 inches to the measurement to account for the extra tissue that most women have at the sides of their breasts that men don't have.

- 2) Determine even band size:

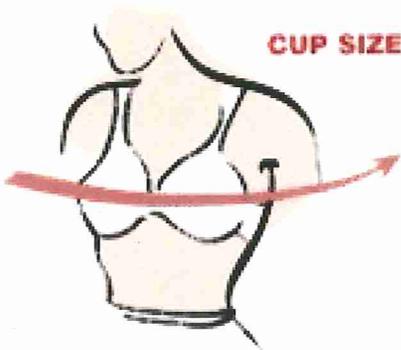
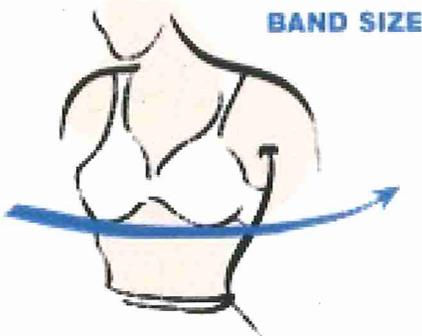
- o If you get an even number in Step 1), this is your band size.
- o If you get an odd number in Step 1 (like 35), round up one to get your Band Size.

- 3) Bust Measurement:

- o With shirt off and T-shirt on, take a loose measurement around the fullest part of your bust (see Cup Size figure).

- 4) Determine Cup Size:

- o Subtract Band Measurement (From Step 1 Above) from Bust Measurement (From Step 3 Above)
 - Use the chart below to determine your cup size.



If difference is:	1"	2"	3"	4"	5"
then Cup Size is:	A	B	C	D	DD

Bra Request Gender Identity Disorder (GID) Confidential HIPAA Protected Information

Section 1: to be filled out by Health Care Professional

Offender Name: _____ Date: _____

DIN: _____ Facility: _____

Health Care Professional Name: _____

Offender Bra Size: _____

Please choose **one** of the following 2 choices: (Mark With an X)

Offender opts to receive 6 bras. _____

Offender opts to receive 4 bras and 2 sports bras. _____

Health Care Professional Comments:

Section 1

Instructions for Health Services: Email this form to your DSA. Click the blank form field at the bottom of the page and then the "Prepare Email" button at the bottom of the page to create an email with this attachment. Address the form to your DSA and click send.

Section 2: to be filled out by DSA

DSA Name: _____ Date: _____

DSA Comments:

Instructions for Facility DSA: Email this form to either Albion CF Steward or Bedford Hills CF Steward, whichever facility is closest. Click the blank form field at the bottom of the page and then the "Prepare Email" button at the bottom of the page to create an email with this attachment. Address the form to the appropriate steward and click send.

Section 2

Section 3: to be filled out by Steward (Albion/Bedford Hills)

Steward Name: _____ Date Request Received: _____

Steward Comments:

Expected Date of Delivery to Requesting Facility _____

Instructions for Steward: Email this form to Requesting Health Services Staff and DSA.

The Bras are to be sent to the requesting facility health unit.

Click the blank form field at the bottom of the page and then the "Prepare Email" button at the bottom of the page to create an email with this attachment.

Address the form to the Facility Physician and DSA and click send.

In addition, physically mail form along with "Bra Request" package.

Section 3

Click this form field before clicking Prepare Email Button -> _____