

# MEMBER REQUEST FOR LEGAL SEX DESIGNATION CHANGE

DO NOT RELEASE OUTSIDE GHC-SCW



of South Central Wisconsin

## Member Information

Legal Name – Last, First, Middle Initial				
Street Address		City	State	Zip
GHC-SCW Medical Record Number	Date of Birth	Telephone Number	E-mail (providing e-mail address indicates e-mail correspondence is acceptable)	

I request that Group Health Cooperative of South Central Wisconsin (GHC-SCW) change the legal sex designation in my electronic health care record and/or insurance record (as applicable) to read: (Please select one):

Female                       Male                       X

Note: The legal gender designation you select must be shown on the verification document you submit.

I understand that I must provide verification of legal sex to change the legal sex designation in my health care record and/or insurance record. Attach a clear and legible photocopy of one of the documents listed below showing the legal sex designation being requested. The document submitted must be valid (unexpired).

1. 10-year U.S. passport;
2. State-issued amended birth certificate;
3. State-issued Identification (ID) card; or
4. Court order directing legal recognition of legal sex.

My sex assigned at birth is:

Female                       Male                       Other (must specify): \_\_\_\_\_

Note: The sex assigned at birth should match your original birth certificate. A copy of your original birth certificate is not required.

I understand that a copy of this request and the verification document that I submit will be scanned into my electronic health record and/or insurance record. I understand that a request for removal of all evidence of sex assigned at birth or a sex designation change in my electronic health care record and/or insurance record will not be granted. I understand that information may be shared, including legal sex, for treatment, payment, and healthcare operations. I have reviewed and understand the information on this form, including the information on page 2 of this form.

Signature of Member/Representative:		Date:
Print Name:	Relationship:	
Patient Is: <input type="checkbox"/> Minor <input type="checkbox"/> Incompetent/Incapacitated		
Legal Authority: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Other (must specify): _____		

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)  
MK23-39-0(3.23)F



of South Central Wisconsin

ghcscw.com

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## Additional Information



The Health Information Management (HIM) department and Enrollment department (if you have insurance through GHC-SCW) will review your request for legal sex designation change. The requested change, if approved, is typically within three to five business days after receiving the signed form and one of the verification documents listed on the form.

Your health care team will recommend health care services based on your medical and physiological needs. GHC-SCW encourages you to talk to your provider if you have questions about any health maintenance alerts that you receive or if you stop receiving alerts that you received before the legal sex designation change was made.

A legal sex designation change in the medical record and/or insurance record will not remove all references to your sex assigned at birth. A notation of your sex assigned at birth will remain in your medical record and/or insurance record after the legal gender designation change is made because it may be referenced for your medical care, billing for services rendered, and/or submission to your health insurance payor. Your medical treatment will include care that is based on your medical and physiological characteristics as well as your gender identity.

A legal sex designation change form submitted to GHC-SCW will only impact health care records and/or insurance records that are maintained by GHC-SCW. You may need to request a legal sex designation change to non-GHC-SCW health care providers, your employer (if you have employer-sponsored insurance coverage), and/or other health insurance payors.

**Contact GHC-SCW Member Services if you have questions:** (608) 828-4853 or (800) 605-4327

### **Mail, E-mail or Fax Completed Form To:**

Mail:       GHC-SCW  
                  ATTN: Health Information Management  
                  1265 John Q. Hammons Drive  
                  Madison, WI 53717-1962

Fax:         (608) 221-2646

E-mail:     [ghchim@ghcscw.com](mailto:ghchim@ghcscw.com)

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