Transgender-Specific Clauses for Advance Healthcare Directives

ATTENTION: The Treatment Preferences and Powers of Attorney clauses below are not a standalone document. The clauses are meant to be included as part of your advance healthcare directives.

The laws applicable to advance healthcare directives vary from state to state. AARP provides links to state-specific forms, available at https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/

Additionally, Transgender Law Center has partnered with FreeWill to offer our community a simple, no-cost online tool to update or create a legal will and advance healthcare directives. FreeWill's online tool is available at https://www.freewill.com/tlc

You can add these clauses to the appropriate documents in your advance healthcare directive.

Treatment Preferences or "Living Will"

A. RESPECTFUL RELATIONS

During any period of treatment, I direct my physician, all medical personnel, and anyone who is caring for me to refer to me by the name of _____ and to use _____ pronouns in reference to me, my chart, and my treatment, irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any gender-affirming treatment.

During any period of treatment, if I am unable to personally maintain my appearance, I direct my physician, all medical personnel, and anyone who is caring for me to do so to the extent reasonably possible, irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any transition-related treatment.

B. DEMENTIA TREATMENT PREFERENCES

I want my healthcare representatives, agents, proxies, medical providers, family members, caregivers, long-term care providers, and other loved ones to know and honor my wishes regarding the type of care I want to receive if I develop an advanced stage of Alzheimer's Disease or another incurable progressive dementia. Regardless of my physical and mental state, I would like the following treatment: maintenance of my gender-affirming healthcare and gender expression.

C. EFFECT OF STATED PREFERENCES

I realize I cannot foresee everything that might happen after I can no longer decide for myself. Still, I want whoever is making decisions on my behalf and anyone who is caring for me to follow

my stated preferences exactly as written, even if they think that some alternative is better.

Healthcare Power of Attorney

Specific Powers Related to Gender Identity:

A. My Healthcare Agent's authority to act on my behalf concerning my medical care includes but is not limited to, requesting, asserting my rights to, giving consent for, and withdrawing consent for:

1. Any medical treatment related to maintaining my gender identity, including but not limited to:
    a. Administration of exogenous hormones, including but not limited to estrogen, androgen blockers, and testosterone, as applicable;
    b. Ongoing treatment related to surgical interventions, including but not limited to continued dilation of vagina, scar treatment such as silicone, collagen, massage, and any other medically necessary treatment, as applicable;
    c. Any other diagnostic and treatment procedures ordered by or under the authorization of a licensed healthcare provider under Medical Orders for Scope of Treatment.
2. Use of my affirmed name, pronouns, and forms of address, in order to preserve my dignity as a transgender person, in any and all healthcare contexts.
3. Placement, housing, clothing, grooming, medical records including death certificate, obituary, and disposition of my remains are all done in accordance

with my gender identity, affirmed name, pronouns, and forms of address, including after my death. This authority takes precedence over any provision to the contrary in any prepaid funeral contract.

B. These powers are enforceable regardless of whether I have obtained a court-ordered name change, changed the gender marker on any identification document, or undergone any transition-related medical treatment.
C. My Healthcare Agent may seek reimbursement for costs associated with the powers of this section from my Financial Agent.

Financial Power of Attorney

Specific Powers Related to Gender Identity:

A. My Financial Agent's authority to act on my behalf includes spending any funds necessary to carry out directives in my Healthcare Power of Attorney.
B. My Financial Agent will provide an accounting to my Healthcare Agent as frequently as reasonably requested by my Healthcare Agent demonstrating that funds are being used to carry out directives in my Healthcare Power of Attorney.