

## Letter of Support (WPATH Letter) Process/Information

In order to successfully complete a letter of support (WPATH Letter), I make every effort to ensure I am not only following the World Professional Association of Transgender Health (WPATH) Standards of Care Version 8, but that I am providing you with a service that is reasonably priced and will meet your needs. The total cost is \$200 USD. All services are provided by Jack Bartel, Psy.D. a licensed clinical psychologist.

The first step in the process is to schedule an intake and complete an interview. During this intake interview/initial session I ask a series of questions. We talk about your goals, your preparedness for this next (and exciting) step in your life, knowledge of the procedure/plan, risks/benefits, tobacco use/cessation steps (if necessary), mental health and physical health history, social support, etc. Following this, I will tell you whether or not it is recommended that you receive additional therapy services or if the letter of support will be provided. If it is determined that the letter of support is in order, I will make sure I have all the information needed in order to proceed with writing the letter.

Many people worry they will not be eligible for a letter; however, I take not being a gate-keeper to gender affirming care very seriously and understand how stressful the process can be. I view my job as ensuring you will be successful in your goals and with the requirements requested of you by your medical team, whether this be a primary care doctor or surgeon. My goal is to make sure we cover topics that could make you less likely to have a positive outcome from any medical intervention.

I want you to be successful, happy, and healthy! Gender affirming care's goal is to improve your quality of life, but there are some things that could prevent this from happening. For example:

- Current or active psychosis
- Untreated bipolar disorder or current manic episode
- Severe and active eating disorder
- Active substance use or intoxication
- Current plan or intent to harm oneself/severe and active self-harm
- Recent hospitalization for self-harm
- Recent suicide attempt with no planned follow-up or support either therapeutically or with medication
- Currently smoking (many surgeons will not perform surgery until after you quit)
- Inadequate/limited post-surgical support
- Difficulties adhering to medical recommendations/instructions

NOTE: The presence of coexisting mental health concerns does not prevent anyone from accessing care

**Letters of recommendation are good for one year.** The primary reason for this being, insurance companies and many physicians/surgeons will not accept a letter that is over a year old. If you require an edit and/or update to the letter, please contact Dr. Bartel. There will be a

fee of \$25 per edit request. Depending on the amount of time that has passed I may request an appointment just to make sure I have the most updated information; however, this appointment will be completed at a discounted rate.

**Any appointments that are not canceled and rescheduled at least 24 hours in advance will not be refunded. Any “no shows” (10 minutes following the scheduled session) will not be refunded.**

What can I expect after my initial appointment?

If the letter of recommendation is being completed, you can expect the following:

- You will be asked to verify your legal name, affirmed name, pronouns, date of birth, address, and name of the doctor or physician you are working with.
- I will send over the letter to the appropriate contact and you will receive the letter in a PDF format.

If your insurance company requires you to meet with a mental health professional for 12 months prior to receiving gender affirming care, this can be arranged, just let me know.

**Prior to your appointment please have the following information ready, this will make the process more efficient:**

- Name of the doctor or physician you are working with
- Office address, telephone number, fax number, and email address of the surgical coordinator (if available)
- Date of next appointment or surgery

Request an appointment [here](#)