



Instruction for Requesting a Copy of Callen-Lorde's Transgender Health Program Protocols

Callen-Lorde Shares its internally-developed Transgender Health Program protocols upon request with service and educational organizations and medical and mental health providers. The protocol is available as a read-only PDF document and will be sent via e-mail. Please follow the instructions below to request a copy. We will make every effort to send your protocols via e-mail with a copy of the protocol within 4 weeks.

1) Along with this instruction sheet, you should have received a "*Request for Transgender Health Program Protocols and Acceptance of Terms of Distribution*" form. Please fill out the top section of the form and read the terms of distribution carefully. The terms of distribution were developed in order to minimize Callen-Lorde's liability in sharing this protocol, and your acceptance of these terms is required to receive a copy of the protocol. Please be sure to sign your acceptance at the bottom of the form.

2) Mail the completed form, copy of medical license or signed statement (if needed) and a check or money order made out to Callen-Lorde Community Health Center for \$10.00 to the following address:

Callen-Lorde Community Health Center
Attn: TG Protocol Request
356 West 18th Street
New York, NY 10011

Thank you in advance for your cooperation with these instructions.



Request for Transgender Health Program Protocols and Acceptance of Terms of Distribution

I, _____, request a copy of the Transgender Health Program Protocols developed by Callen-Lorde Community Health Center to be sent by email to the email address below:

Agency/Company: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
E-mail: _____

My request for a copy of the protocol is based on the following (please check one):

- I am an executive-level manager of the organization/institution: _____
- I am an authorized representative of the organization/Institutions _____ and have enclosed a statement signed by an executive-level manager or letterhead confirming such.
- I am a licensed medical or mental health professional (MD, DO, NP, PA, RN, CSW/LCSW, Psy. D) and have enclosed a copy of my license (protocol will not be released without a copy of your license)

Please read the following disclaimer:

1. **Disclaimer as to Protocols:** The Protocols requested, including all attached introductory materials and appendices, have been developed by and constitute guidelines used by Callen-Lorde Community Health Center’s (“Callen-Lorde’s”) health care providers providing primary care to patients receiving hormone therapy. The protocols are guidelines only. They are not the result of scientific studies or clinical trials. These materials are not intended to establish standards of care for any healthcare provider’s independent clinical judgment, or to replace any manufacturer’s labels or other information about pharmaceuticals. These protocols reflect Callen-Lorde’s review of available medical literature and our experience in providing this therapy, but are by no means definitive. No representations are made as to the propriety of their use in specific cases, and they may not be substituted for sound clinical judgment by the treating clinician. Patients and healthcare providers should consult with an attorney of their choice regarding any concerns or questions of a legal nature, including whether federal, state or local laws, in effect from time to time, contain provisions that impact on the availability of particular treatments or protocols, require different forms of disclosures, or medical records, or address other matters..

2. **Additional Disclaimer as to Informed Consents:** The informed consent documents attached to the Protocols are provided only as examples. No representations are made as to their applicability to or legal sufficiency for your agency. Patients and healthcare providers should consult with an attorney of their choice regarding any concerns or questions of a legal nature in these matters, including whether federal, state or local laws, in effect from time to time, contain provisions that impact on requirements with respect to the forms of patient consent.

3. **Limitations of Distribution:** These documents are solely for the examination and review by the specific individual or entity to which they are addressed (the “Addressee”) and may not be distributed further. If the Addressee receives a request from any third party for a copy of these Protocols, the Addressee agrees not to distribute the Protocols, but instead to direct the third party to Callen-Lorde.

I have read and understand the above disclaimer. I agree not to redistribute these protocols to other individuals or entities.

Signature: _____ Date: ___/___/___