



KAY IVEY  
GOVERNOR

# State of Alabama Department of Corrections

Alabama Criminal Justice Center  
301 South Ripley Street  
P. O. Box 301501  
Montgomery, AL 36130-1501  
(334) 353-3883



JOHN Q. HAMM  
COMMISSIONER

October 23, 2025

**ADMINISTRATIVE REGULATION  
NUMBER**

637

**OPR: HEALTH SERVICES**

## **GENDER DYSPHORIA**

### **I. GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for providing accommodations and services to inmates within ADOC custody with a confirmed diagnosis of Gender Dysphoria.

### **II. POLICY**

It is the policy of the ADOC to ensure that inmates within ADOC custody with a confirmed diagnosis of Gender Dysphoria are provided the necessary and individualized accommodations, medical services, and mental health services.

### **III. DEFINITIONS AND ACRONYMS**

- A. **Gender**: The term “gender” differs from “sex” in that it is a concept that describes socially influenced identity, experiences, roles, and expectations of persons of a given sex as assigned at birth based on physical characteristics.
- B. **Gender Dysphoria**: A diagnosis defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) describing discomfort or distress caused by a discrepancy between a person’s gender identity and their sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).
- C. **Gender Dysphoria Management Committee (GDMC)**: A team comprised of ADOC staff from its Office of Health Services (OHS) Division and Men’s and Women’s Services Division as well as Vendor medical and mental health staff who is responsible for policy development, oversight, and coordination of accommodations and services for inmates with a confirmed diagnosed of Gender Dysphoria.

- D. **Gender Identity**: Refers to an individual's deeply felt, internal experience of their gender, which may or may not correspond to the person's physiology or designated sex at birth.
- E. **Gender Nonconforming**: Describes an individual whose gender identity, role, or expression differs from what is typical for their assigned sex in a given culture.
- F. **Hormonal Treatment (HT)**: Treatment in which masculinizing or feminizing sex hormones are prescribed under the direction of a physician to an individual for the purpose transitioning an individual's secondary sexual characteristics to align with their gender identity.
- G. **Sex**: Individual physical characteristics (e.g., chromosome makeup, reproductive organs, etc.) initially assigned at birth.
- H. **Transgender**: An individual whose gender identity differs from socially or culturally defined categories of gender assigned at birth.
  - 1. Trans Female: Trans Male to Female (MTF).
  - 2. Trans Male: Trans Female to Male (FTM).
- I. **Transition**: The time during which an individual changes from the gender role and expression associated with their assigned sex at birth to a different gender role and expression more comfortable for them, which may include feminization or masculinization of the body through hormones or other medical procedures, of which the nature and duration of this period varies between individuals.
- J. **Transsexual**: An individual who seeks, or has undergone, a social transition from male-to-female (MTF) or female-to-male (FTM) and may also seek a bodily transition through feminizing or masculinizing medical interventions (i.e., hormones and/or surgery).

#### IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The Warden (or designee) at each facility is responsible for ensuring that all ADOC security staff at that facility receive training on the implementation of this AR.

- D. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- E. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receiving training on the implementation of the AR.

V. **PROCEDURES**

A. Identification and Referral:

- 1. The Vendor mental health staff will identify an inmate with either a historical or current presentation of Gender Dysphoria during Reception Mental Health Screenings in accordance with AR 610, *Reception Mental Health Screening*.
- 2. An inmate with either a historical or current presentation of Gender Dysphoria may self-initiate a referral for mental health services in accordance with AR 609, *Referral to Mental Health Services*.
- 3. Any ADOC staff and Vendor staff may initiate a referral for mental health services for an inmate who that staff believes to have a current presentation of Gender Dysphoria in accordance with AR 609, *Referral to Mental Health Services*.

B. Mental Health Assessments:

- 1. The Vendor QMHP will complete ADOC Form MH-079-A, *Gender Dysphoria Evaluation Questionnaire*, on an inmate who either:
  - a. Is identified with a historical or current presentation of Gender Dysphoria during Reception Mental Health Screenings in accordance with AR 610, *Reception Mental Health Screening*.
  - b. Receives a referral for mental health services for either a historical or current presentation of Gender Dysphoria in accordance with AR 609, *Referral to Mental Health Services*.
- 2. The Vendor QMHP will forward the completed ADOC Form MH-079-A, *Gender Dysphoria Evaluation Questionnaire*, to the Vendor psychiatrist or the Vendor psychologist to conduct a mental health evaluation on that inmate.

C. Mental Health Evaluations:

- 1. The Vendor psychiatrist or the Vendor psychologist will conduct a mental health evaluation on an inmate with a historical or current presentation of Gender Dysphoria to determine whether that inmate meets diagnostic criteria

for a provisional diagnosis of Gender Dysphoria pending confirmation by the GDMC.

- a. The Vendor psychiatrist or the Vendor psychologist conducting the mental health evaluation will request and review an inmate's medical and mental health records relevant to any accommodations and services related to Gender Dysphoria provided to that inmate prior to incarceration.
  - b. The Vendor psychiatrist or the Vendor psychologist will conduct an evaluation on an inmate with a previously confirmed diagnosis of Gender Dysphoria upon return to ADOC custody.
2. The Vendor psychiatrist or the Vendor psychologist determining that an inmate meets diagnostic criteria for Gender Dysphoria for a provisional diagnosis will both:
- a. Indicate on ADOC OHS Form H-1-a, *Health Record—Master Problem List*, that inmate is to be placed on the Mental Health Caseload with an appropriate MH Code and SMI designation.
  - b. Submit the mental health evaluation with the provisional diagnosis to the GDMC for a determination whether to update that provisional diagnosis to a confirmed diagnosis.
3. If the Vendor psychiatrist or the Vendor psychologist determines that an inmate, who self-initiates a referral for mental health services for Gender Dysphoria, does not meet diagnostic criteria for Gender Dysphoria for a provisional diagnosis will submit that determination to the Vendor Psychiatric Director.
- a. The Vendor Psychiatric Director (or designee) will conduct a follow-up mental health evaluation on that inmate within (30) working days from the date the Vendor psychiatrist or the Vendor psychologist makes that determination.

D. Reviews by the GDMC:

1. The GDMC will be composed of the following individuals (or designees):
  - a. ADOC staff:
    - (1) ADOC Director of Mental Health Services.
    - (2) ADOC Director of Psychiatry.

- (3) ADOC Regional Psychologist.
  - (4) ADOC Director of Medical Services.
  - (5) ADOC Associate Director of Health Services.
  - (6) ADOC PREA Director.
  - (7) ADOC Deputy Commissioner of Operations (or designee).
- b. Vendor staff:
- (1) Vendor Psychiatric Director (chair).
  - (2) Vendor Mental Health Program Director.
  - (3) Vendor Medical Director.
- c. Additional ADOC staff and Vendor staff at the facility housing an inmate with a provisional diagnosis of Gender Dysphoria that the GDMC requests to participate for consultation on individual cases.
2. The GDMC will meet at least quarterly and may appoint subcommittees that meet more frequently to ensure it timely addresses the needs of an inmate with a provisional diagnosis of Gender Dysphoria.
  3. The GDMC will require a quorum (i.e., a majority of all members of the GDMC) present at the GDMC meetings to present and finalize any proposed changes to the GD services.
    - a. The ADOC Form MH-079-A, *Gender Dysphoria Evaluation Questionnaire*.
    - b. The mental health evaluation with the provisional diagnostic.
    - c. Any mental health progress notes (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*; ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N, *Nursing Progress Note*).
    - d. Any medical progress notes and relevant laboratory data.
    - e. The most recent chronic care note.
    - f. The current Medication Administration Record (MAR).

- g. The current ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
  - h. The current ADOC OHS Form H-1-a, *Health Record—Master Problem List*.
- E. Final Decisions of the GDMC:
1. The GDMC will determine whether the reviewed background and clinical information substantiates updating an inmate’s provisional diagnosis of Gender Dysphoria to a confirmed diagnosis.
  2. The GDMC will notify the Vendor Mental Health Site Administrator at each facility of the final determination whether to update the provisional diagnosis of an inmate at that facility along with recommendations regarding both:
    - a. Accommodations requested by an inmate with a confirmed diagnosis of Gender Dysphoria on ADOC Form MH-079-C, *Gender Dysphoria Management Committee (GDMC) Notification of Accommodations Decision*.
    - b. Hormonal Treatment (HT) requested by an inmate with a confirmed diagnosis of Gender Dysphoria on ADOC Form MH-079-D, *Gender Dysphoria Management Committee (GDMC) Notification of Treatment Decision*.
  3. The Vendor Mental Health Site Administrator at each facility will:
    - a. File the original of both ADOC Form MH-079-C, *Gender Dysphoria Management Committee (GDMC) Notification of Accommodations Decision*, and ADOC Form MH-079-D, *Gender Dysphoria Management Committee (GDMC) Notification of Treatment Decision*, in the mental health section of that inmate’s medical record.
    - b. Provide a copy of both ADOC Form MH-079-C, *Gender Dysphoria Management Committee (GDMC) Notification of Accommodations Decision*, and ADOC Form MH-079-D, *Gender Dysphoria Management Committee (GDMC) Notification of Treatment Decision*, to that inmate.
    - c. Forward a copy of ADOC Form MH-079-C, *Gender Dysphoria Management Committee (GDMC) Notification of Accommodations Decision*, to the following individuals at that facility:
      - (1) The Warden;
      - (2) The ADOC Institutional PREA Compliance Manager;

- (3) The Vendor Health Services Administrator.
- d. Forward a copy of ADOC Form MH-079-D, *Gender Dysphoria Management Committee (GDMC) Notification of Treatment Decision*, to the Vendor Health Services Administrator at that facility.
- e. Maintain and update on ADOC Form MH-079-B, *Gender Dysphoria Referral, Evaluation, and Management Log*, a list of cumulative data on all inmates at that facility who the GDMC has confirmed a diagnosis of Gender Dysphoria, including those inmates who are no longer receiving accommodations or services or who are no longer within ADOC custody.
  - (1) The Vendor Mental Health Site Administrator will maintain ADOC Form MH-079-B, *Gender Dysphoria Referral, Evaluation, and Management Log*, in a searchable electronic format.
  - (2) The Vendor Mental Health Site Administrator will update ADOC Form MH-079-B, *Gender Dysphoria Referral, Evaluation, and Management Log*, upon a change in status of an inmate on that log.
  - (3) The Vendor Mental Health Site Administrator will review ADOC Form MH-079-B, *Gender Dysphoria Referral, Evaluation, and Management Log*, at least every ninety (90) days to determine whether that log should be updated.

F. Accommodations and Services:

1. The GDMC will:
  - a. Provide any necessary oversight, review, and coordination of accommodations and services between ADOC staff and Vendor staff.
  - b. Use clinical judgment in reviewing the medical records of an inmate with a confirmed diagnosis of Gender Dysphoria at least every six (6) months to determine whether to continue recommending accommodations and services for that inmate.
  - c. Coordinate with the ADOC Deputy Commissioner of Office of Health Services and the Deputy Commissioner(s) of Men's and Women's Services in reviewing, approving, and updating accommodations for inmates with a confirmed diagnosis of Gender Dysphoria
2. The Vendor Mental Health Site Administrator at each facility will ensure that Vendor mental health staff at that facility:

- a. Maintains an inmate with a confirmed diagnosis of Gender Dysphoria who is receiving accommodations and services on the Mental Health Caseload as long as that inmate has a confirmed diagnosis of Gender Dysphoria.
  - b. Coordinates and implements accommodations approved for an inmate with a confirmed diagnosis of Gender Dysphoria who is receiving accommodations and services with the Warden (or designee) at that facility.
3. The Vendor Health Services Administrator at each facility will ensure that Vendor medical staff at that facility enrolls an inmate with a confirmed diagnosis of with Gender Dysphoria who is being administered HT into a Chronic Care Clinic.
  4. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will jointly ensure that Vendor staff at that facility:
    - a. Coordinates the ordering and management of medical and mental health services approved for an inmate with a confirmed diagnosis of Gender Dysphoria who is receiving accommodations and services.
    - b. Continues administering HT to an inmate who the Vendor mental health staff confirms is receiving HT under the supervision of a physician at the time of reception into ADOC custody.
  5. The Vendor Medical Director at the facility housing an inmate who requests HT will review that inmate's medical record and advise that inmate of any health risks associated with HT.
  6. The Vendor Psychiatric Director (or designee) will use clinical judgment in determining whether to refer an inmate whose needs for medical or mental health services related to Gender Dysphoria exceed those services available within the ADOC for consultation with a medical or mental health specialist.

## **VI. DISPOSITION**

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

## **VII. FORMS**

- A. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.

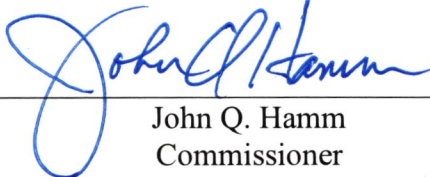
- C. ADOC Form MH-040, *Progress Notes*.
- D. ADOC Form MH-040N, *Nursing Progress Note*.
- E. ADOC Form MH-079-A, *Gender Dysphoria Evaluation Questionnaire*.
- F. ADOC Form MH-079-B, *Gender Dysphoria Referral, Evaluation, and Management Log*.
- G. ADOC Form MH-079-C, *Gender Dysphoria Management Committee (GDMC) Notification of Accommodations Decision*.
- H. ADOC Form MH-079-D, *Gender Dysphoria Management Committee (GDMC) Notification of Treatment Decision*.

**VIII. SUPERSEDES**

This AR supersedes AR 637, *Gender Dysphoria*, dated May 9, 2018, and any related changes.

**IX. PERFORMANCE**

- A. Code of Alabama 1975§ 14-1-1.1 *et seq.*
- B. National Commission of Correctional Health Care, *Standards for Mental Health Services in Correctional Facilities* (2015).
- C. National Commission of Correctional Health Care, *Standards for Health Services in Prisons* (2018).

  
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John Q. Hamm  
Commissioner

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**PSYCHIATRIC PROVIDER PROGRESS NOTE**



<b>Last Name</b>	<b>First Name:</b>	<b>AIS:</b>
DOB: / / Age:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent	<input type="checkbox"/> In-Person <input type="checkbox"/> Tele-Health
Facility:	Housing: <input type="checkbox"/> GP <input type="checkbox"/> Crisis <input type="checkbox"/> RTU <input type="checkbox"/> SU <input type="checkbox"/> SLU <input type="checkbox"/> RHU <input type="checkbox"/> PHRU <input type="checkbox"/> WR	
<b>MH Code:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Last change: / /	<b>SMI:</b> <input type="checkbox"/> Y <input type="checkbox"/> N Last change: / /

<b>Target Problems and Symptoms:</b>		
<b>Current Medications</b> (MAR Reviewed <input type="checkbox"/> Y <input type="checkbox"/> N)		
<b>Adherence:</b>	<b>Adverse Drug Reactions / Allergies:</b>	
Weight / BMI:	Date: / /	Last AIMS: (Date)
		Consents: (Date)

<b>S/ (narrative)</b>

**O/ Mental Status Examination** (Describe pertinent details.)

<b>Consciousness / Cognition</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
<b>Appearance</b>	<input type="checkbox"/> Good hygiene
<b>Behavior/ Attitude</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
<b>Speech:</b>	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
<b>Mood/affect:</b>	<input type="checkbox"/> Euthymic <input type="checkbox"/> Sad/down <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Affect appropriate
<b>Thought Content</b>	<input type="checkbox"/> Appropriate <input type="checkbox"/> Over-valued ideas <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Impoverished

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**PSYCHIATRIC PROVIDER PROGRESS NOTE**



<b>Harm</b>	<input type="checkbox"/> None <b>Suicide:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate <b>NSSI:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <b>Aggression:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
<b>Thought Process</b>	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
<b>Perception:</b>	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile If hallucinations, any command-type? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A
<b>Insight &amp; Judgment</b>	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Y <input type="checkbox"/> N Judgment Intact
<b>Neuro / EPS</b>	<input type="checkbox"/> Y <input type="checkbox"/> N     Current AIMS:     /     /     Other/Details:

<b>Lab Review:</b>	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
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**A/** (Use DSM-5 Diagnosis; Include differential diagnosis)

Formulation/Summary (Include risk assessment)

**P/** Include Rx and lab orders)

Patient Education:  Diagnosis  Consent Form  Patient. Info Fact sheet (PIF)

Referrals  NP  LBHP  BH Nurse  Medical  Other  None

Reason for referral(s):

Return visit in:

<b>Psychiatrist / NP:</b> (Print)	Sign:
<b>My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:</b>	

<b>Date:</b> /     /	<b>Start time:</b> :	<b>AM PM</b>	<b>End Time:</b> :	<b>AM PM</b>
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**ALABAMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH: MULTIDISCIPLINARY TREATMENT PLAN**



<b>Patient Name</b>		<b>AIS</b>	<b>DOB</b>	<b>MH Code</b>	<b>SMI</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADOC Intake (year)</b>	<b>Sentence</b>	<b>Min Release Date</b>		<b>EOS date</b>	
<b>Current Housing</b>	<b>Date Last RHU Placement</b> <input type="checkbox"/> N/A	<b>Tx Plan Finalized (date)</b>		<b>ADOC Release Plan</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
<b>HX Crisis Placement</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>HX SU/RTU</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>IVM</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Safety Plan</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>HX Suicide Attempt</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>HX NSSI</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>HX SUD</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>HX SUD Tx</b> <input type="checkbox"/> Y <input type="checkbox"/> N	

<b>Date Added</b>	<b>DSM-5 Diagnosis</b>

<b>Pertinent Medical Diagnoses</b>

<b>Key item review (check if completed and add pertinent comments/dates)</b>	
<input type="checkbox"/>	<b>Substance Use History Review</b>
<input type="checkbox"/>	<b>Safety Plan Review</b>
<input type="checkbox"/>	<b>Group Therapy Participation</b>
<input type="checkbox"/>	<b>Medication Adherence</b>
<input type="checkbox"/>	<b>Crisis Placements</b>
<input type="checkbox"/>	<b>Disciplinary Actions</b>
<input type="checkbox"/>	<b>Recent Stressful/Traumatic Event</b>

<b>Additional Comments</b>

<b>Inmate Name:</b>	<b>AIS #:</b>	<b>DOB:</b> / /
<b>Program Level/Housing:</b> OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		<b>Facility:</b>

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH: MULTIDISCIPLINARY TREATMENT PLAN**



**PROBLEM LIST:**

Master  Amended

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
<i>Intervention:</i>			
Responsible Staff:			
Objective (b):			
<i>Intervention:</i>			
Responsible Staff:			
Anticipated barriers and strategies to resolve:			

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
<i>Intervention:</i>			
Responsible Staff:			
Objective (b):			
<i>Intervention:</i>			
Responsible Staff:			
Anticipated barriers and strategies to resolve:			

Inmate Name:	AIS #:	DOB: / /
Program Level/Housing: OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH: MULTIDISCIPLINARY TREATMENT PLAN**



Treatment Team Meeting  
 Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

<u>Staff</u>	<u>Name (Print)</u>	<u>Signature</u>	<u>Attended Treatment Meeting</u>	<u>Comments</u>
Psychiatrist/CRNP			MANDATORY	
Licensed Counselor			MANDATORY	
Psychologist			Y N	
MH Nurse			Y N	
Activity Technician			Y N	
ADOC Officer			Y N	
Medical			Y N	
Other			Y N	
Inmate/Patient			Y N	

**\*\*If patient did not attend the Treatment Team Meeting\*\***

<b>Reason:</b>		
<b>Efforts to motivate attendance:</b>		
<i>My signature confirms that the patient refused or was unable to participate in this Treatment Team Meeting.</i>	<b>QMHP Print/Signature</b>	<b>Date</b>

<u>Dates Plan Reviewed</u>	<u>Comments</u>

<b>Inmate Name:</b>	<b>AIS #:</b>	<b>DOB:</b> / /
<b>Program Level/Housing:</b> OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		<b>Facility:</b>









**ALABAMA DEPARTMENT OF CORRECTIONS**  
**GENDER DYSPHORIA EVALUATION QUESTIONNAIRE**



- 6. What are your expectations about how hormone therapy might be beneficial?
  
  
  
  
  
  
  
  
  
  
- 7. Have you received treatment for any mental health conditions before or during your time in ADOC?
  
  
  
  
  
  
  
  
  
  
- 8. Have you had a problem with or been treated for the use of non-prescribed drugs or alcohol before or during your time in ADOC custody?
  
  
  
  
  
  
  
  
  
  
- 9. Other pertinent information?

**Referral for diagnostic evaluation for gender dysphoria completed?  Yes  No**

\_\_\_\_\_  
QMHP Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**ALABAMA DEPARTMENT OF CORRECTIONS**  
**GENDER DYSPHORIA MANAGEMENT COMMITTEE**  
**NOTIFICATION OF ACCOMMODATION DECISION**



Inmate Name:	AIS:
Date:	

The Gender Dysphoria Management Committee (GDMC) reviewed your case on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ per the referral by of your mental health treatment team.

The checked accommodations *have been approved*:

<input type="checkbox"/> Separate shower time	<input type="checkbox"/> Boxers
<input type="checkbox"/> Hair length	<input type="checkbox"/> Sports Bra
<input type="checkbox"/> Clothing	<input type="checkbox"/>
<input type="checkbox"/> Hair products	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:


The GDMC can only approve accommodations that meet the security standards of the Alabama Department of Corrections.

<b>Inmate's comments:</b>

Inmate Signature: \_\_\_\_\_  
Date:     /     /     \_\_\_\_\_

My signature indicates that I have received this notification.

ADOC Form MH-079-C  
 10-2025

Disposition: Inmate Health Record, Inmate, Health Services, Administrator, Mental Health Site Administrator, Warden, or designee.

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**GENDER DYSPHORIA MANAGEMENT COMMITTEE**  
**NOTIFICATION OF TREATMENT DECISION**



Inmate Name:	AIS:
Date:	

The Gender Dysphoria Management Committee (GDMC) reviewed your request for medical treatment and has made the following decisions:

The following medical treatments *have been approved*:

<input type="checkbox"/> Masculinizing hormonal treatment	<input type="checkbox"/> Feminizing hormonal treatment
<input type="checkbox"/> Other	

Additional Information from the GDMC:


Please note that the GDMC will review your case *at least every six (6) months*, and that any changes in these recommendations will be based on the information available at that time.

Inmate's comments/questions for the GDMC:


Inmate Signature:

Date:     /     /

My signature indicates that I have received this notification.