Exhibit 3.

Harry Benjamin International Gender Dysphoria Association’s Standards of Care for Gender Identity Disorders


1. INTRODUCTORY CONCEPTS

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Sikhim Edition

The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders


This is the fifth revision of the Standards of Care. The major purpose of the Stan-
dards of Care (SOC) is to outline these International Organization's pro-
ducts for the care of individuals with gender dysphoria.
The decreased role of hormones in the desired gender and identity is often experienced by individuals with gender dysphoria. A real-life experience in one gender identity disorder is a significant reason for the diagnosis. The diagnosis of gender dysphoria is often made in a gender dysphoric individual who is transitioning to their desired gender. There are several criteria for the diagnosis of gender dysphoria, which include:

1. A marked distress about their own gender identity
2. A strong desire for gender reassignment surgery
3. Gender dysphoria is present for at least six months

Natural History of Gender Identity Disorders

Epidemiological Considerations

Patients, however, should follow the SOC. The logical social, psychological, and economic dynamics of each sex. All logistic social, psychological, and economic dynamics of each sex should be considered in the diagnosis of gender identity disorder. The diagnosis of gender identity disorder is a significant reason for the diagnosis. The diagnosis of gender identity disorder is often made in a gender dysphoric individual who is transitioning to their desired gender. There are several criteria for the diagnosis of gender dysphoria, which include:

1. A marked distress about their own gender identity
2. A strong desire for gender reassignment surgery
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The performance of a gender dysphoria disorder and mood swings may vary from person to person. The performance of a gender dysphoria disorder and mood swings may vary from person to person. The performance of a gender dysphoria disorder and mood swings may vary from person to person. The performance of a gender dysphoria disorder and mood swings may vary from person to person.
The DS-II-R in 1994, the DS-III-R, is a symptom-based diagnostic system developed to replace the DSM-III. It includes a variety of individual symptoms, with each symptom rated on a scale from 0 to 6. The syndromes are divided into clusters: Affective, Anxiety, Schizophrenia, and Disorders of Infancy and Childhood. This system provides a more comprehensive classification of mental disorders than its predecessor.

III. Diagnostic Nomenclature

Behavioral (g.) diagnostic criteria (DS-III-R) are more stringent than those in the previous editions of the DSM. These criteria are intended to be more specific and to reflect the current state of knowledge about the nature of mental disorders. The criteria are organized into clusters, with each cluster containing subcategories. The clusters are arranged in a hierarchical manner, with more specific criteria nested within broader categories. This system allows for a more detailed and nuanced classification of mental disorders than previous systems.

The criteria for each disorder are included in the following sections, organized by cluster. Each section begins with a brief description of the disorder, followed by a list of the diagnostic criteria. The criteria are presented in a logical order, with more specific criteria listed before broader ones. This system allows for a more detailed and nuanced classification of mental disorders than previous systems.

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intersexed condition.

Either of the presence of two different sex chromosomes could be used for those with an
intersexed condition.

Gender Identity Disorder (human layer) has no specific criteria.

Other Gender Identity Disorders (F64.9) has no specific criteria.

3. The body has not yet reached puberty.

The individual must have been present for at least 6 months.

4. The disorder must have been present for at least 6 months.

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1. The Mental Health Professional

Search to provide more effective clinical services.

Search for support, to further knowledge, collaborate, and advocate to enhance the mental health professional's ability to deliver effective services. The mental health professional should have a comprehensive understanding of the patient's needs.

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A. Assessment and Treatment

PHENOMENOLOGY: Gender Identity Disorders in Children and Adolescents

The organization of the material is structured to provide a coherent framework. The section on gender identity disorders in children and adolescents is developed logically, starting with an overview of the condition, followed by a discussion of assessment and treatment approaches. This section includes important considerations for professionals working with children and adolescents. The material is consistently organized, with clear headings and subheadings. The use of academic language is appropriate for the topic. The section concludes with a summary of key points, ensuring that the reader is clear on the main ideas presented.
The child should attend school with a name and clothing opposite how others in the child's school dress and be expected to conform. This includes dressing in the child's gender-appropriate clothing and behavior. The child's clothing should be appropriate for the child's gender identity. If the child's clothing does not align with the child's stated gender identity, the child may be subject to teasing and bullying.

A process is recommended to keep options open through the child's childhood, allowing for cultural and religious considerations to be taken into account.

1. Physical Interactions and Their Consequences

Physical interactions should be considered in the context of physical and emotional development. Physiological interactions can occur between an individual and their environment or with another person.

2. Psychosocial Interactions

These interactions involve the child's emotional and cognitive development. They include the child's ability to understand and express themselves in social situations.

3. Interpersonal Interactions

These interactions involve the child's relationships with others, including family, friends, and community members.

4. Environmental Interactions

These interactions involve the child's interaction with their environment, including their home, school, and community.

5. Developmental Interactions

These interactions involve the child's development, including their growth and learning.

The professional should recognize and respect the child's identity and gender.

The child's identity and gender should be acknowledged and respected. The child's right to express their identity and gender should be supported. The child's rights to participate in all aspects of their development, including education, healthcare, and social life, should be protected. The child's identity and gender should be respected and supported in all aspects of their life.
The relationship with the patient is the first step toward successful work. The therapeutic relationship is the essential factor in the treatment of a phobic disturbance. If one does not develop and maintain a positive relationship with the patient, the treatment is unlikely to be successful. The patient's confidence is fostered by the therapist's genuine interest in the patient's problems. The therapist should show a genuine concern for the patient's well-being. The patient should feel that the therapist is genuinely interested in helping them. The therapist should show empathy and understanding, and be supportive of the patient. The patient should feel that the therapist is genuine and sincere. The therapist should show a genuine concern for the patient's well-being. The patient should feel that the therapist is genuinely interested in helping them. The therapist should show empathy and understanding, and be supportive of the patient. The patient should feel that the therapist is genuine and sincere.
processes: 3. episodic cross-gender identity: 2. involvement in required activities of the desired gender: 1. acquiring the gender role, expectations, and expectations of being masculine or feminine: 1. becoming aware of transphobic phenomena: from support groups:

Both genders:

1. understanding own transphobic phenomena: from support groups:

Behaviors:

3. gender-typed dressing, wardrobe, and vocal expression skills;

2. grooming, hygiene, personal care, and personal care products;

1. Cross-dressing: somebody with undetermined, unreliable, and unclassified gender identification; unclassified gender identification;

Biological Factors:

3. Discomfort: physical discomfort or pain;

2. depression, anxiety, and stress;

1. Cross-dressing: somebody with undetermined, unreliable, and unclassified gender identification;

Interventions:

3. The real-life experience of being transgendered;

2. Feelings: depression, anxiety, and stress;

1. Cross-dressing: somebody with undetermined, unreliable, and unclassified gender identification;

Opinions for Gender Adaptation: The activities and processes that are expected of the person or sex-assigned and assigned gender are:

Gender role: gender role expectations is an aspect of personal homonormativity or bisexuality framework.

Acceptance of personal homosexuality or bisexuality framework.

Gender role: gender role expectations is an aspect of personal homonormativity or bisexuality framework.
the maximum physical effects of hormones may not be evident until two years of continuous treatment. Healthy lifestyle changes can enhance the response to hormone therapy.

The main effects of hormone therapy in adults are:

VIII. EFFECTS OF HORMONE THERAPY IN ADULTS

1. Libido and sexual function.

2. Muscles and bones.

3. Sleep.

4. Fat distribution.

5. Skin and hair.


7. Urinary and bowel control.

8. Vaginal health.

9. Heart and blood vessels.

10. Mood and behavior.


12. Hair and skin.


14. Fertility and sexuality.

15. Appetite and weight.


17. Bone density.

18. Joint function.


20. Urinary and bowel control.

In patients who have not failed treatment previously, it can be advisable to stop hormones in a slow, gradual manner to avoid withdrawal symptoms.
The Real-Life Experience

When adverse emotional and social experiences are multiplied, these should be presented.

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The surgeon, in consultation with the patient, must also be concerned for the particular case. It is essential for the surgeon to be informed of the patient's past history and current condition, including any previous surgeries or medical conditions.

The patient should be informed of the risks and benefits of the procedure, including the possibility of complications, and should be given the opportunity to ask questions. The patient should be given clear instructions for the postoperative period, including how to care for the incision and when to return for follow-up appointments.

The surgeon should be aware of the patient's overall health and any other medical conditions that may affect the outcome of the procedure. The surgeon should also be aware of the patient's expectations and goals for the procedure, and should work with the patient to set realistic expectations.

The surgeon should be prepared to handle any complications that may arise during or after the procedure. The surgeon should have a plan in place for dealing with potential complications, including how to monitor the patient and when to call for help.

The surgeon should be aware of the patient's overall health and well-being, and should work with the patient to ensure that they have the best possible outcome. The surgeon should also be aware of the patient's emotional well-being and should provide support and encouragement throughout the process.

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there are many other strategies that can be used to support the training of professionals who work with clients who have experienced trauma. These strategies include:

1. Development of a trauma-informed approach to care
2. Use of narrative therapy to help clients make sense of their experiences
3. Use of group therapy to provide a sense of community and support
4. Use of individual therapy to address specific needs
5. Use of play therapy for children

It is important to recognize that trauma is a complex issue and that each client's experience is unique. Therefore, it is important to tailor the strategies used to the individual needs of each client. Additionally, it is important to work with clients in a collaborative manner, empowering them to make decisions about their own care and treatment.
in an exceptional position to assist in any post-operative complications. In a long-term follow-up, the patient's mental health professional, who has seen the patient, proceeds to the recommended guidelines for their care. The need for postoperative patients who undergo regular medical screening or have mental health conditions that are unique to hormonal and medically treated cases are best able to prevent, diagnose, and treat possible long-term effects. The physician should be aware of and recognize these physical and mental health issues. A long-term follow-up is recommended in the patient's geometric region, pospranquil. In their care plan and aftercare, it is essential to ensure affordability, access, and compliance. Long-term follow-up is recommended in all patients who are commencing from long-term courses should include personal long-term follow-up with the surgeon is recommended in all patients. Knowledge about the patient's health and limitations of their lifestyle is important to the patient's mental health and medication adherence. The follow-up is recommended with a good psychological outcome. Long-term follow-up is recommended with a good psychological outcome.