

# EXHIBIT 1

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT I.I.**

1. I am the parent of Youth I.I., a young adult who, as a minor, received medical care at Children's National Hospital ("CNH") beginning in approximately the fall of 2022 and continuing until approximately the summer of 2025. At that time, and continuing to the present, we were and remain residents of Maryland.
2. My child received care at several of CNH's locations, including one in Rockville, Maryland. That care included evaluation and treatment for gender dysphoria, testosterone suppression, hormone replacement therapy, and related follow-up care.
3. My child's pediatrician referred us to CNH. I believed that CNH's Gender Development Program was the place where my child could receive appropriate and high-quality care.
4. We chose CNH because we understood it to have specialized expertise in caring for transgender youth and adolescents with complex needs. We trusted that its providers would handle sensitive issues with care, professionalism, and respect. We also relied on our understanding that my child's private medical information would remain confidential and within the healthcare system.
5. During my child's care at CNH, my child and I interacted with CNH providers in person, through telehealth, and through the patient portal. Some of my child's evaluation took

place by telehealth. I also communicated with CNH through the portal on my child's behalf.

6. Throughout those visits and communications, my child and I disclosed deeply private information to CNH providers. That information included details about my child's physical health, gender dysphoria, gender-related treatment, mental and emotional health, family circumstances, school and social life, and other matters affecting my child's safety, stress, and well-being.
7. We shared that information because we understood that CNH providers needed to know my child as a whole person in order to evaluate her, make treatment recommendations, prescribe and monitor medication, and adjust treatment over time.
8. I understood that my child's records might be used within the healthcare system, including CNH providers or other clinicians involved in her care, to coordinate treatment and handle routine medical matters. I did not expect that my child's records could be turned over to federal government investigators, prosecutors, or lawyers who are not part of her medical team.
9. Neither my child nor I have voluntarily provided my child's diagnoses, treatment history, or CNH medical records to the federal government. We have not been contacted by federal officials about my child's care. We have not been told that my child's treatment is the subject of or relevant to any legitimate government investigation.
10. The possibility of disclosure has increased my stress as a parent. I love my child very much and want the best for her. I have worked hard to help her obtain appropriate care, and it is frightening to think that the private medical records created during that care could be placed in the hands of government officials.

11. I am also concerned about the current climate toward transgender people and the possibility that my child's records could be used against her in some way.
12. If we are not allowed to proceed under pseudonyms, I would have to seriously consider withdrawing from this case to protect my child and our family.
13. For all these reasons, I strongly object to the disclosure of my child's medical records to the government.
14. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Parent II.

Dated: 5/5/26

**Parent I.I.**

# EXHIBIT 2

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT J.J.**

1. I am the parent of a 15-year-old daughter who is transgender. We are residents of Washington, D.C.
2. Children's National Hospital ("CNH") has been my child's pediatric provider since she was born. My child continues to receive pediatric and mental health care from CNH.
3. In 2023, my child received a puberty blocking implant through CNH. CNH also has records relating to my child's estrogen dosage, even though that medication was prescribed by a medical provider outside CNH, because CNH is my child's pediatric provider.
4. My child's care at CNH has involved multiple providers, including pediatric providers, mental health professionals, a therapist, and a psychiatrist. My child continues to see a therapist at CNH approximately every two weeks and also still receives care from a CNH psychiatrist.
5. CNH providers know highly personal information about my child. Through her pediatric and mental health care, my child and our family have shared information about her physical health, development, mental and emotional health, gender identity, family life, safety, and other private matters.

6. My child's therapist at CNH knows extremely private information about her. My child has also spoken with CNH mental health providers privately, outside my presence. Privacy has been essential to my child's ability to speak honestly with those providers.
7. Some of the most sensitive information in my child's records concerns suicidal ideation. That is not information we share publicly or broadly. We trusted CNH providers to handle that information carefully and sensitively because they were helping care for my child.
8. We provided this information to CNH because we believed CNH needed it to give my child appropriate medical and mental health care. We understood that those conversations were private medical discussions and relied on them staying within the medical-care setting.
9. CNH mental health providers assured us that what we shared would remain confidential. That assurance mattered to us because we were trusting CNH with our child's health in all aspects of her life.
10. I did not expect that my child's medical and mental health records could be turned over to government lawyers or investigators who are not involved in her care. The possibility that the government could obtain these records is terrifying for our family.
11. My child has had nightmares about the government coming in and taking away her medication and the implant in her arm. This is her worst nightmare. She has been unable to sleep at night because of these fears.
12. My biggest fear is that my child could be taken away from us or that I could be prosecuted for seeking medical care for my child. I also fear for my child's safety and our

family's safety if this information were to become public. We just want our daughter to be a child and not have to worry about any of this.

13. Disclosure of my child's records would cause severe emotional harm. It would also affect her ability to trust doctors and mental health providers. If she believes that what she says in therapy or medical appointments can be given to the government, she will be less willing to speak candidly with the people responsible for helping her.
14. Disclosure would also affect my willingness as a parent to seek care and share sensitive information. If my child's medical records are disclosed, we would have to seriously rethink where we seek care and potentially where we live in order to obtain care that we believe is safe from government disclosure.
15. I do not believe redacting our names would protect our privacy. There are not many families in our situation seeking this kind of care, and details such as my child's age, location of care, timing of treatment, providers, mental health history, and family circumstances could easily identify us.
16. I am also concerned about our names being publicly linked to this case. We want to fight to protect our child and her medical privacy, but we do not want to unnecessarily expose our family to harm. We also do not want our daughter to know that there is a possibility her medical records could be disclosed to the federal government.
17. For all these reasons, I strongly object to the disclosure of my child's CNH medical and mental health records to the government.
18. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Parent J.J.  
Parent J.J.

Dated: May 5, 2026

# EXHIBIT 3

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT K.K.**

1. I am the parent of a minor child who is transgender. We are residents of Maryland.
2. My child received care at Children's National Hospital ("CNH") beginning in 2022 and continuing until the present.
3. My child received care at CNH locations in Washington, D.C. and was also seen once at CNH's Rockville, Maryland location.
4. My child's care at CNH included puberty blocking injections and estrogen medication. Shortly after the change in presidential administration, my child received a puberty blocking implant, in part because of the uncertainty surrounding continued access to care.
5. CNH providers were excellent and extremely helpful. We communicated with them in person and through the patient portal, which we used often. The portal was an easy way to communicate with my child's doctor, who was very responsive.
6. Before my child began medical interventions, CNH required a letter from my child's therapist. That letter discussed many personal matters about my child's mental health, identity, and life circumstances. My child received therapy outside of CNH, but CNH's records include information from that outside mental health provider.

7. In the course of my child's care, my child and I shared private information with CNH providers about my child's physical health, development, mental and emotional health, family circumstances, and other personal matters.
8. We shared this information because CNH needed it to evaluate my child, discuss treatment options, prescribe and monitor medication, and provide appropriate medical care. We understood those discussions to be private medical conversations.
9. My child also spoke privately with CNH providers outside my presence. Privacy was very important to her ability to participate in those conversations and to be honest with her doctors.
10. I understood that my child's medical information would remain within the CNH medical system and be shared only with healthcare professionals involved in her care. I never thought my child's records could later be requested by government lawyers or investigators.
11. The possibility that my child's records could be disclosed to the government is deeply alarming. The current government has been openly hostile toward transgender people, and I worry that disclosure would flag my child to the government as transgender.
12. I am especially concerned that the government is seeking the names and records of children and families. My fear is that the government wants to identify transgender children and the families who supported their care.
13. I am also afraid because government officials have threatened to treat parents who seek medical care for their transgender children as child abusers. I fear being prosecuted simply for obtaining medically necessary care for my child.

14. Disclosure would also risk outing my child. Most people do not know that she was assigned male at birth, and she does not want to be seen or treated that way. If other students at her school or people in our community learned this information, it would be stigmatizing and could create real safety concerns.
15. If CNH were required to turn over my child's records, it would contradict the faith we placed in CNH. We trusted CNH with private medical information because we believed it would be protected. I was shocked to learn there was any possibility that this information could be turned over to the government.
16. Disclosure would also affect how our family approaches healthcare in the future. Depending on what happens, it could make us less willing to be frank with medical professionals, even though honest communication is essential to good care.
17. I do not believe removing our names would protect our privacy. Details such as my child's age, timing of care, treatment history, providers, family circumstances, adoption history, and locations of care could identify my child or our family when combined.
18. I am concerned about my name or my child's name being publicly linked to this case. Public identification would create safety concerns for my child and could expose her to harassment, stigma, discrimination, and unwanted attention.
19. I believe the right to medical privacy is a basic principle and is critical to the doctor-patient relationship. The government should not interfere with that relationship or obtain private medical records about children who sought care from their doctors.
20. For all these reasons, I strongly object to my child's medical records being disclosed to the government.

21. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

K.K.

Dated: May 4, 2026

**Parent K.K.**

# EXHIBIT 4

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT L.L.**

1. I am the mother of my 17-year-old daughter, who is transgender.
2. My child first began receiving care at Children's National Hospital ("CNH") in approximately 2016. Her first appointment with CNH's Gender Development Program was in approximately 2021.
3. My child's care at CNH included consultation and evaluation through the Gender Development Program. She received a puberty blocking implant in approximately 2022 and began hormone replacement therapy in approximately 2023.
4. Over the years, my child and our family interacted with many CNH providers, including physicians, pediatric specialists, an OBGYN, a pediatric endocrinologist, psychiatric providers, psychologists, nurses, and other staff. My child continues to be seen by psychologists. The care she received at CNH was excellent and extremely helpful to my child's well-being.
5. We also communicated with CNH outside in-person visits, including through the patient portal. Sensitive information about my child's care was discussed through those communications.

6. In order for CNH to treat my child appropriately, I provided everything I thought could help them understand her needs. That included information about her physical health, mental health, gender identity, school records, development, and family circumstances.
7. Some of the most sensitive information in my child's records concerns a severe mental health crisis. My child was hospitalized in 2021, and CNH has records relating to residential mental health treatment. Those records are deeply private.
8. My child also spoke with CNH providers privately, outside my presence. Privacy was fundamental to her ability to do that. My daughter would never have imagined that what she shared with her medical providers could later be disclosed to government lawyers.
9. My child takes time to trust providers. That made the confidentiality of CNH's care especially important. We relied on the understanding that her conversations with providers and her medical records would remain within the medical-care setting.
10. I would never have taken my child to CNH for this care if I had known that her medical records could later be disclosed to government lawyers or investigators who are not part of her medical team.
11. The possibility that my child's medical records could be disclosed to the government is terrifying. I do not understand why the government would need names, addresses, or Social Security numbers of children who received gender-related care.
12. I am extremely concerned that the government is trying to create a list of children who received gender care and families who supported that care. I fear that such information could be used to target families, accuse parents of child abuse, cut off care, or force transgender children to de-transition.

13. I am a federal employee, and I am worried about retaliation in my job if the government learns that I sought gender-related medical care for my child. I fear being fired or otherwise punished for helping my child obtain the care she needs.
14. Disclosure would be especially dangerous for my child because she has a history of suicidal ideation. I am deeply worried that learning her private records were given to the government could be triggering and harmful to her mental health.
15. Disclosure would also affect my child's ability to trust doctors in the future. Because it already takes her time to trust providers, turning over her records would make it even harder for her to speak honestly with the medical professionals responsible for her care.
16. Disclosure would damage my own trust in CNH and in the medical system. CNH has helped my child tremendously. But if CNH were required to turn over these records, I do not know how we could trust CNH in the future with private information.
17. I do not believe redacting names would protect my child's privacy. My child has a congenital birth condition, and there are not many children receiving transgender healthcare who also have that condition. Even without names, that information could make my child very easy to identify.
18. I am also concerned about our names being publicly linked to this case. Public identification could expose my child to harassment at school and could create risks to our safety.
19. I would not be willing to participate in this litigation under my real name. I am worried about being targeted, losing my job as a federal employee, and exposing my family to threats, physical harm, or worse.

20. What I want most is for my child to live as her authentic self and achieve all she is capable of without fear of government harassment or scrutiny.
21. For all these reasons, I strongly object to my child's medical records being disclosed to the government.
22. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.



**Parent L.L.**

Dated: 5/4/2024

# EXHIBIT 5

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT M.M.**

1. I am the parent of a 14-year-old daughter who is transgender. We are residents of Ann Arbor, Michigan.
2. The University of Michigan, Michigan Medicine has been my child's pediatric provider since 2020.
3. In 2023, my child started to receive puberty blocking medication through Michigan Medicine. Michigan Medicine also has records relating to my child's estrogen dosage.
4. My child's care at Michigan Medicine has involved multiple providers, including physicians, nurses, mental health clinicians, and other staff.
5. Michigan Medicine providers know highly personal information about my child. Through her pediatric and mental health care, my child and our family have shared information about her physical health, development, mental and emotional health, gender identity, family life, safety, and other private matters.
6. My child's mental health provider at Michigan Medicine knows extremely private information about her. My child has also spoken to that provider privately, outside my presence. Privacy has been essential to my child's ability to speak honestly with that provider.
7. We provided this information to Michigan Medicine because we believed Michigan

Medicine needed it to give my child appropriate medical and mental health care. We understood that those conversations were private medical discussions and relied on them staying within the medical-care setting.

8. Michigan Medicine mental health providers assured us that what we shared would remain confidential. That assurance mattered to us because we were trusting Michigan Medicine with our child's health in all aspects of her life.
9. I did not expect that my child's medical and mental health records could be turned over to government lawyers or investigators who are not involved in her care. The possibility that the government could obtain these records is terrifying for our family.
10. Disclosure of my child's records would cause her severe emotional harm. It would also affect her ability to trust doctors and mental health providers. If she believes that what she says in medical or mental health appointments can be given to the government, she will be less willing to speak candidly with the people responsible for helping her.
11. Disclosure would also affect my willingness as a parent to seek care and share sensitive information. If my child's medical records are disclosed, we would have to seriously rethink where we seek care and potentially where we live to obtain care that we believe is safe from government disclosure.
12. I do not believe redacting our names would protect our privacy. There are not many families in our situation seeking this kind of care, and details such as my child's age, location of care, timing of treatment, providers, mental health history, and family circumstances could easily identify us.
13. I am also concerned about our names being publicly linked to this case. We want to fight to protect our child and her medical privacy, but we do not want to unnecessarily expose

our family to harm and risk our safety.

14. For all these reasons, I strongly object to the disclosure of my child's Michigan Medicine medical and mental health records to the government.

15. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "Parent M.M.", written over a horizontal line.

**Parent M.M.**

Dated: 5/6/2026

# EXHIBIT 6

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT O.O.**

1. I am the parent of a 17-year-old child who is transgender. We are residents of Ann Arbor, Michigan.
2. The University of Michigan, Michigan Medicine has been my child's medical care provider since 2020.
3. In 2020, my child started to receive puberty blocking medication through Michigan Medicine. Michigan Medicine also has records relating to my child's estrogen dosage.
4. My child's care at Michigan Medicine has involved multiple providers, including physicians, nurses, mental health clinicians, and other staff.
5. Michigan Medicine providers know highly sensitive information about my child. Through her pediatric and mental health care, my child and our family have shared information about my child's physical and mental health, gender identity, family life, and other private matters.
6. We provided this information to Michigan Medicine because we believed Michigan Medicine needed it to give my child appropriate medical and mental health care. We understood that those conversations were private medical discussions and relied on that information remaining within the medical-care setting.
7. Michigan Medicine mental health providers assured us that what we shared would remain

confidential. That assurance mattered to us because we trusted Michigan Medicine with our child's health in all aspects of her life.

8. I did not expect that my child's medical and mental health records could be turned over to government lawyers or investigators who are not involved in my child's care. The possibility that the government could obtain these records is extremely terrifying for our family.
9. Disclosure of my child's records would cause severe emotional harm. It would also affect her ability to trust doctors and mental health providers. If my child believes that what she says in medical or mental health appointments can be given to the government, my child will be less willing to speak candidly with the people responsible for helping her.
10. Disclosure would also affect my willingness as a parent to seek care and share sensitive information. If my child's medical records are disclosed, we would have to seriously rethink where we live to obtain care that we believe is safe from government disclosure.
11. I do not believe redacting our names would protect our privacy. There are not many families in our situation seeking this kind of care, and details such as my child's age, location of care, timing of treatment, providers, mental health history, and family circumstances could easily identify us.
12. I am also concerned about our names being publicly linked to this case. We want to fight to protect our child and her medical privacy, but we do not want to unnecessarily expose our family to harm and risk our safety. We are scared that we may face retaliation.
13. For all these reasons, I strongly object to the disclosure of my child's Michigan Medicine medical and mental health records to the government.

14. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

*Parent OO*

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Dated: 5/6/2026

**Parent O.O.**

# EXHIBIT 7

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT P.P.**

1. I am the mother of my 16-year-old son, who is transgender.
2. My child received care at Connecticut Children's Medical Center ("CCMC") beginning in approximately 2009, shortly after he was born, and continuing until approximately summer 2025, when CCMC shut down its pediatric gender program.
3. My child's care at CCMC included general pediatric care as well as gender-related medical care. He started period suppression medication in approximately 2024 and began testosterone in approximately July 2025, shortly before CCMC's pediatric gender program was shut down.
4. My child and our family interacted with CCMC providers, including physicians, nurses, and other staff. We also communicated with CCMC through portal messages and telehealth visits.
5. CCMC also has mental-health-related records from my child's therapist. CCMC required a letter from a mental health provider before my child could begin any gender-related medical intervention.
6. In the course of my child's care, my child and I shared private information with CCMC about his physical health, development, mental and emotional health, gender identity, school, family circumstances, and other sensitive matters.

7. Some of the most sensitive information in my child's records concerns how experiencing a period affected his mental health and well-being. His records also include information about suicidal ideation. That information is extremely private.
8. We provided this information because CCMC required it and because we believed CCMC needed it to evaluate my child, discuss treatment options, and provide appropriate medical care.
9. My child is already hesitant to be open and honest with medical providers. He shared sensitive information only after he felt he was in a safe and confidential environment.
10. I understood my child's conversations with CCMC providers to be private medical discussions. I expected that my child's information would not be disclosed beyond his care team except as necessary for his healthcare and certainly not without an explicit request and permission.
11. If I had known that my child's medical records could later be requested by government lawyers or investigators, we would never have sought care at CCMC. I would never have put my child in that position.
12. The possibility that my child's records could be disclosed to the government is frightening. I do not know why the government is requesting these records, and I fear that the information could be used to further target transgender children.
13. I am worried that my child could be taken away from me or that I could be prosecuted for seeking medically necessary care for my child. Nothing good for me or my child can come from the disclosure of these records.
14. I am also worried that, if this information were leaked or disclosed in any way, my child's safety in the general public would be at risk.

15. Disclosure would be devastating for both me and my child. I fear it would put both of us in a very dark place. I am especially afraid that my child could return to a suicidal state and that our family would live in constant anxiety and panic.
16. If my child's records were disclosed, we would feel unsafe anywhere. My child's trust in the medical system would be irreparably broken, and it would be very hard for him to trust confidentiality with any provider in the future.
17. Disclosure would also affect me personally. It would change my own willingness to be candid in my healthcare, and I would be reluctant to share more than I absolutely had to in any medical setting. I might even stop seeing providers I do not consider strictly necessary.
18. I do not believe removing names from the records would protect my child's identity. There are very few transgender children in our town, and this is a very small and specific population within CCMC's patient base. Details such as age, timing of care, treatment history, location, and other circumstances could identify my child even without his name.
19. I am concerned about my name or my child's name being publicly linked to this case. Public identification would increase the risk of harassment, discrimination, unwanted attention, and safety concerns for my child and our family.
20. I firmly believe that medical decisions in America should remain between patients and the people who are trained and licensed to provide medical care. The government has no place interfering in that aspect of our lives.
21. For all these reasons, I strongly object to my child's CCMC medical records being disclosed to the government.

22. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

*Parent P.P.*

Dated: 5/6/2026

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**Parent P.P.**

# EXHIBIT 8

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT Q.Q.**

1. I am the mother of my 15-year-old son, who is transgender.
2. My child received care at Connecticut Children's Medical Center ("CCMC") beginning in approximately 2020 and continuing until summer 2025, when CCMC stopped offering pediatric transgender care.
3. My child's care at CCMC included assessment and evaluation for gender incongruence. He began puberty blockers in approximately 2020 and began hormone replacement therapy in approximately 2025.
4. My child also received care from a therapist, a pediatrician, and an endocrinologist. Our family communicated with CCMC providers through the online portal, where we discussed very sensitive information, including intimate details about my child's body.
5. CCMC providers regularly checked in with us about my child's life and well-being. We shared private information about his physical development, gender incongruence, mental health, school, friends, sports, and other parts of his life.
6. We shared this information because we wanted the best care for our child. We had a close connection with my child's doctor, who knew our family well and was deeply invested in my child's care, mental health, and future.

7. Most people do not know that my son is transgender. We are very careful to protect his identity and do not share information about his gender transition. That privacy is extremely important to him and to our family.
8. My child trusted his doctor and felt he could be open with him. He trusted both the doctor and the care he was receiving. Even the confidentiality between just my child and his doctor was important because it gave my child a safe connection.
9. I understood my child's conversations with CCMC providers to be private medical discussions. I never thought that what we shared would go outside the hospital's walls. We believed CCMC was a safe place to seek appropriate healthcare for our child in a respectful and private way.
10. If my child knew there was even a possibility that his medical records could be disclosed to the government, I believe he would likely avoid seeking healthcare in the future. Confidentiality is an essential part of his trust in healthcare and in the medical system.
11. I am deeply concerned by the possibility that my child's medical records could be disclosed to government lawyers, investigators, or officials. I am worried about my family being placed on a national registry or otherwise being identified in a way that outs my child or our family.
12. I am also afraid that our family's insurance plan could stop covering my child's care if his care is treated as the subject of a federal investigation.
13. Disclosure would be especially harmful because my child is still a minor. None of these children should be forcibly outed before they have the opportunity to decide for themselves, when they are legal adults, who should know this information about them.

14. My child is still figuring out so much about himself. I want him to be able to focus on being a child and not have to worry that his private medical records will be turned over to the government.
15. I am deeply worried that disclosure could push my child to a state of suicidal ideation. His records contain extremely sensitive information about his mental health, and government disclosure would be frightening and destabilizing.
16. I do not believe removing names from the records would protect my child's privacy. Details such as his age, dates of care, treatment timeline, providers, school and sports information, family circumstances, and the specific nature of his care could identify him when combined.
17. I am also concerned about my name or my child's name being publicly linked to this case. There is rising anti-trans sentiment in our hometown, and public identification would increase the risk of harassment, bullying, discrimination, unwanted attention, and safety concerns.
18. I would not be willing to participate in this litigation under my real name or my child's real name. Protecting my child's privacy and safety is essential.
19. For all these reasons, I strongly object to my child's CCMC medical records being disclosed to the government.
20. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Q.Q.

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Dated: 05.06.26

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**Parent Q.Q.**

# EXHIBIT 9

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF PARENT S.S.**

1. I am the mother of my 15-year-old daughter, who is transgender.
2. My child began receiving care at Connecticut Children's Medical Center ("CCMC") in approximately 2023. That care continued until summer 2025, when CCMC stopped offering transgender healthcare services.
3. My child's care at CCMC included gender-related medical care. She received a puberty blocking implant in approximately 2023 and began hormone replacement therapy in approximately 2024.
4. My child and our family interacted with CCMC providers, including doctors, nurses, and other staff. We also communicated frequently with CCMC through the patient portal, where sensitive information about my child's care was discussed.
5. Before my child began medical interventions, CCMC providers asked many questions about very personal aspects of her life and mental health. Those questions included how she felt about her body, whether she wanted a family in the future, her relationships at school, and other private matters.
6. We shared that information because we trusted my child's doctor and believed she needed it to make the best choices for my daughter's long-term health.

7. My daughter is extremely private about being transgender and about her gender-transition journey. Privacy was extremely important to her ability to speak with providers. It took a serious level of trust for her and for our family to share this information.
8. I understood my child's conversations with CCMC providers to be private medical discussions. I relied on those conversations staying within the medical-care setting.
9. If I had known that my child's records might later be requested by government lawyers or investigators, I would have been more guarded with what I shared with my child's doctor. I would have shared only the bare minimum and second-guessed everything I said.
10. That is frightening because if parents and patients cannot be open and honest with doctors, then they cannot be sure they are getting the best care. My daughter's health depends on being able to trust her doctors.
11. I am deeply concerned that the government is trying to create a list of families who sought this care for their children. I am worried that the federal government could use my child's records to target our family or even take my child away from me.
12. Disclosure of my child's records would leave our family in a constant state of uncertainty about what the Department of Justice might do with that information. Given the current anti-trans sentiment from the administration, I do not believe anything good can come from this for my family or my daughter.
13. We have already thought about whether we may need to leave the country. If my child's medical records are disclosed to the federal government, it would dramatically affect our family's calculation about whether living in the United States is safe for us.

14. Disclosure would damage my trust in CCMC and in the medical system. We trusted CCMC to safeguard our medical privacy. It would feel like a slap in the face if CCMC were required to turn over my daughter's private medical records to the government.
15. I never thought there was any possibility that my child's medical records could end up in the hands of the federal government. That information is none of the government's business.
16. The care my child receives is between my child, our family, and her doctors. There is no place for the government in those decisions.
17. I never gave permission for CCMC to disclose my child's medical records to government lawyers, investigators, or officials.
18. For all these reasons, I strongly object to my child's CCMC medical records being disclosed to the government.
19. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.



Parent S.S.

Dated: 5/7/26

# EXHIBIT 10

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In Re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF YOUTH I.I.**

1. I am Youth I.I., a young adult who, as a minor, received medical care at Children's National Hospital ("CNH") beginning in approximately the fall of 2022 and continuing until approximately the summer of 2025. During that time, I lived in Maryland.
2. I received care at several of CNH's locations, including one in Rockville, Maryland. That care included evaluation and treatment for gender dysphoria, testosterone suppression, hormone replacement therapy, and related follow-up care.
3. During my care, I met with CNH providers in person and by telehealth. My family also communicated with CNH through the patient portal. I shared private information about my mental and emotional health and other personal matters.
4. I shared that information because I believed my providers needed it to care for me and because I understood it would remain in the medical system. I did not expect my private medical records to be given to government lawyers, investigators, or officials.
5. I am very concerned about the government having my medical records because I do not know what it plans to do with them. I believe this request is political and hostile toward transgender people.

6. I do not believe my medical providers did anything wrong, and I do not understand why government lawyers or investigators should be allowed to read my private medical records.
7. I am especially concerned that the government could use my medical information against me in some way.
8. If I had known when I began treatment that my records might later be requested by the government, I would have been more guarded with my providers. I would have been especially hesitant to discuss gender dysphoria and related issues.
9. For all these reasons, I strongly object to the disclosure of my CNH medical records to the government.
10. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Youth II

Dated: 05/05/2026

**Youth I.I.**

# EXHIBIT 11

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF N.N.**

1. I am an 18-year-old transgender man. I am a resident of Ann Arbor, Michigan.
2. The University of Michigan, Michigan Medicine has been my provider since 2017.
3. In 2017, I received a puberty blocking implant through Michigan Medicine. Michigan Medicine also has records relating to my hormone dosage.
4. My care at Michigan Medicine has involved multiple providers, including physicians, mental health clinicians, and other staff.
5. Michigan Medicine providers know highly personal information about me. Through my pediatric and mental health care, I have shared information about my physical health, mental and emotional health, gender identity, family life, safety, and other private matters.
6. My mental health provider at Michigan Medicine knows extremely private information about me. I spoke with Michigan Medicine mental health providers privately, outside my parents' presence. Privacy has been essential to my ability to speak honestly with those providers.
7. I provided this information to Michigan Medicine because I believed Michigan Medicine needed it to give me appropriate medical and mental health care. I understood that those conversations were private medical discussions and relied on them staying within the

medical-care setting.

8. Michigan Medicine mental health providers assured me that what we shared would remain confidential. That assurance mattered to myself and my parents because we trusted Michigan Medicine with my health in all aspects of my life.
9. I did not expect that my medical and mental health records could be turned over to government lawyers or investigators who are not involved in my care. The possibility that the government could obtain these records is extremely scary to me.
10. Disclosure of my records would cause severe emotional harm. It would also affect my ability to trust doctors and mental health providers. If I believe that what I say in therapy or medical appointments can be given to the government, I will be less willing to speak candidly with those providers.
11. I do not believe redacting my name or the names of family members would protect my privacy. There are not many individuals in my situation seeking this kind of care, and details such as my age, location of care, timing of treatment, providers, mental health history, and family circumstances could easily identify me.
12. I am also concerned about my name or the name of family members being publicly linked to this case. I want to fight to protect my medical privacy, but I do not want to unnecessarily expose myself or my family to harm.
13. For all these reasons, I strongly object to the disclosure of my Michigan Medicine medical and mental health records to the government.
14. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

N.N.

Dated: 5/6/2026

N.N.

# EXHIBIT 12

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

In re Administrative Subpoenas to  
Children's Hospitals

Case No.: \_\_\_\_\_

**DECLARATION OF R.R.**

1. I am a 21-year-old transgender man. I am a resident of Chula Vista, California.
2. Rady Children's Hospital ("RCH") in San Diego, California was my provider from 2020 to early 2026. RCH has records relating to my testosterone dosage.
3. My care at RCH has involved multiple providers, including physicians, mental health clinicians, and other staff.
4. RCH providers know highly personal information about me. Through my pediatric and mental health care, I have shared information about my physical health, mental and emotional health, gender identity, family life, safety, and other private matters.
5. I provided this information to RCH because I believed RCH needed it to give me appropriate medical care. I understood that those conversations were private medical discussions and relied on them staying within the medical-care setting.
6. RCH mental health providers assured me that what I shared would remain confidential. That assurance mattered to myself and my parents because we trusted RCH with my health in all aspects of my life.
7. I did not expect that my medical and mental health records could be turned over to government lawyers or investigators who are not involved in my care. The possibility that the government could obtain these records is terrifying to me. It feels very dangerous and

scary.

8. Disclosure of my records would cause severe emotional harm. I would feel targeted by the government. It would also affect my ability to trust doctors and mental health providers. If I believe that what I say in medical and mental health appointments can be given to the government, I will be less willing to speak candidly with those providers.
9. I do not believe redacting my name would protect my privacy. There are not many individuals in my situation seeking this kind of care.
10. I am also concerned about my name being publicly linked to this case. I want to fight to protect my medical privacy, but I do not want to unnecessarily expose myself or my family to harm.
11. For all these reasons, I strongly object to the disclosure of my RCH medical and mental health records to the government.
12. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

R.R.

Dated: 5/6/26

**R.R.**