

Informed Consent to Proceed With Fertility Treatments

I/We _____, hereby acknowledge that I/we have requested and participated in psychological services from Nanci Brown, LCSW-C. Such services included: (Please initial all appropriate choices):

___ Counseling regarding infertility and/or psychological implications of fertility treatments.

___ Psychological evaluation regarding suitability to participate in one or all of the following:

___ IVF or other assisted reproductive treatment using my own gametes and not involving a third-party collaborator

___ Egg donation

___ Recipient ___ Donor

___ Sperm donation

___ Recipient ___ Donor

___ Gestational Surrogacy/Carrier

___ Intended Parent ___ Surrogate/Carrier

___ Traditional Surrogacy (surrogate's own egg used in conception)

___ Intended Parent ___ Surrogate/Carrier

___ PGD

___ Other _____

During the course of consultation with the mental health professional noted above, we discussed, among others that may not be listed here, the following matters (please initial where applicable):

___ Future contact with donor/recipient/surrogate

___ Anonymity

___ Third-party contact with child, including likelihood that this may never happen

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___ Curiosity about other party(ies)

___ Feelings of loss of control

___ Feelings towards child

___ Dealing with the unknown

___ General attitude toward infertility

___ Feelings about and effect on spouse/significant other

___ Financial concerns

___ Success of treatment

___ Dealing with family, friends, co-workers

___ Other _____

I/we have considered all of the above in my/our decision to participate in the proposed assisted reproductive technology treatment. Based on my/our discussions with the above-named mental health professional (MHP), the psychological risks and benefits of participation in the treatments and procedures. Further, I/we understand there may be risks that are presently unknown or unidentified. I/we also understand that any psychological and emotional risks may vary widely among individuals, so it is impossible to accurately state the likelihood of my/our personal harm and I/we cannot expect any mental health professional to state with certainty whether or not I/we may suffer any psychological consequences of treatment. I/we hereby release Nanci Brown, LCSW-C (and her agents, employees, and assignees) from any liability in the even that I/we suffer psychological or emotional harm from participation in the contemplated behavior, to the extent that her actions are reasonably within standards of professional practice. None of the above may be construed, however, as a waiver of my/our right to pursue a negligence or malpractice claim.

Fully understanding the above, I/we freely and voluntarily agree to proceed with treatment. No person has coerced or forced me to consent to any treatment or evaluation.

Signature of Participant

Signature of MHP

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Signature of Participant

Date