Consent for Artificial Insemination with Partner's Semen

We		(Patient) and	(Partner), being over the	age of twenty-one years.			
do here	by request and authorize		or her/his designee(s) to inject the pr				
Partner	. The physician may emplo	by such assistance as may	be necessary for the purpose of accomplishing semination will promote our mutual happines	the artificial insemination.			
			ion may be necessary and that the physician d from the artificial insemination.	ecessary and that the physician does not warrant or ficial insemination.			
To indu	ce the physician to render	the services herein reque	sted, we and each of us agree that:				
a)	We release Regional One Health, UT Regional One Physicians, Inc., and their respective employees, agents, directors, officers, and contractors ("the Releasees") from any and all liability and responsibility of any nature whatsoever which n result from complications of childbirth or delivery or from the birth of an infant or infants abnormal in any respect, or from the heredity or hereditary tendencies of such issue, or from any other adverse consequences which may arise in connect with or as a result of the artificial insemination herein authorized.						
b)	b) We shall refrain from bringing any legal action of any kind, and refrain from aiding anyone else in bringing legal action for on account of any matter or thing which might arise out of the artificial insemination herein contemplated. Although reasonable safeguards will be employed, we acknowledge that there is a risk of being infected by diseases including AIDS (Acquired Immune Deficiency Syndrome).						
c)	c) We shall indemnify the Releasees for any attorney's fees, court costs, damages, judgements, or any other losses or expenses incurred by any of the Releasees or for which any Releasee might be responsible with respect to any claim, legal action, or defense thereto arising out of the artificial insemination hereby requested, including any claim or legal action brought by the child or children resulting from the artificial insemination.						
d)	the medical procedures	described in the Consent F	endant risks and consequences of our participa Form. We each acknowledge and affirm that w or compulsion and of our own free will.				
Patient	s Signature	Date	Partner's Printed Name	Date			
 Patient	s Printed Name		Partner's Printed Name				
The aborelevan			ed and counseled by me and others regarding to susband and wife expressed understanding of t				
Physicia	n Signature	Date					
Physicia	n Printed Name						
		[Not	ary Page to Follow]				
TE	Dogional One Un	alth.					
	Regional One He		Affin Patient I - I				
	t for Artificial Insemination ROH.550 (Created 5/15) *C		Affix Patient Labo	či			
	Medical Record 1 Copy - Patier						

Patient's Initials _____ Partner's Initials _____

Consent for Artificial Insemination with Partner's Semen

[Notary Page for: Consent for Artificial Insemination with Partner's Semen]

STATE of)				
) :S	S			
COUNTY of)				
The foregoir	g instrument was ac	cknowledged before me this	day of	, 20	, by
		, referred to in this conse	ent form as "Patient".		
My commiss	ion expires:		·		
		Notary Public	С		-
CTATE (,				
STATE of)):S	S			
COUNTY of					
The foregoir	g instrument was ac	cknowledged before me this	day of	, 20	, by
		, referred to in this conse	ent form as "Partner".		
My commiss	ion expires:		·		
		Notary Public	C		-



Consent for Artificial Insemination with Partner's Semen Form No. ROH.550 (Created 5/15) *OB0481*

1 Copy - Medical Record 1 Copy - Patient 1 Copy - Partner

Affix Patient Label