Consent for Artificial Insemination: Anonymous Donor

Name of Patient: _____

I, the Patient named above, am over the age of twenty-one (21) years. By my signature below, I request and authorize undersigned physician (Physician) and her/his designee(s) to inject the prepared semen from an anonymous donor, which is a procedure called "Artificial Insemination". I authorize Physician to employ such assistance as may be necessary for the purpose of accomplishing the artificial insemination. I am eager to have a child and I believe that this artificial insemination will promote my mutual happiness and well-being.

I understand that several attempts at artificial insemination may be necessary and that Regional One Health does not warrant or guarantee that pregnancy or full term pregnancy will result from the artificial insemination.

To induce Regional One Health and Physician to render the services herein requested, we and each of us agree that:

a) Under no circumstances shall I require that the name of the donor of the semen be divulged to me or anyone else, and I, accordingly forever waive all rights, if any, that I may have as to the name, identity, or any information of any kind concerning the donor.
b) I acknowledge my obligation to care for, support, educate, and otherwise treat and consider any child or children born as the result of such anonymous donor artificial insemination in all respects as though they were our natural child or children. I will never allege in any proceeding that the child or children born is/are other than legitimate, and I promise to recognize each such child or children as my lawful and legal heir(s).
c) I recognize that no action or inaction on the part of Regional One Health, UT Regional One Physicians, Inc., or their physicians or other employees or agents, in providing artificial insemination can either assure the health or ill-being of me or the child during or after pregnancy or childbirth or determine the physical or mental status of any child or children born as a result of the procedure. I understand that pregnancy and childbirth both involve risks that are independent of whether conception occurs through artificial insemination or otherwise.
d) Although reasonable safeguards will be employed, I acknowledge that there is a risk to me and/or child (children) being infected by diseases, including HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome).
e) I accept the risks describes above, and release, discharge, indemnify, and forever hold harmless Regional One Health, UT Regional One Physicians, Inc., and their respective employees, agents, directors, officers, and contractors from any and all liability and responsibility of any nature whatsoever that may result from complications of pregnancy, childbirth, or delivery, from the birth of an infant or infants abnormal in any respect, from the heredity or hereditary tendencies of the child (children), or from any other adverse consequences that may arise following the artificial insemination authorized by the consent.

I acknowledge that I have been given an opportunity to ask questions about the proposed procedure and that all of my questions have been answered to my satisfaction. With full knowledge and understanding of the attendant risks and consequences of our decision, I consent to the medical procedure described in this consent. I acknowledge and affirm that I have given my consent and signed this consent from without or compulsion and of my own free will.

_____ _____

Patient's Signature Date Patient's Printed Name

Physician Attestation:
The above mentioned husband and wife have been informed and counseled by me and others regarding the risks and benefits of the relevant treatment options, including non-treatment. The husband and wife expressed understanding of the information presented during the discussion.

_____

Physician Signature Date

_____

Physician Printed Name

[Notary Page to Follow]

Patient's Initials _____

Consent for Artificial Insemination: Anonymous Donor

[Notary Page for: Consent for Artificial Insemination: Anonymous Donor]

STATE of _____)
) :SS
COUNTY of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, referred to in this consent form as "Patient".

My commission expires: _____ .

_____
Notary Public