

Consent for Artificial Insemination: Known Donor

Name of Patient: _____

Name of Partner: _____

We, the Patient and Partner named above, are each over the age of twenty-one years. By our signatures below, we request and authorize Dr. _____ (Physician) or her/his designee(s) to inject the prepared semen from _____ (Known Donor), which is a procedure called "Artificial Insemination". The physician may employ such assistance as may be necessary for the purpose of accomplishing the artificial insemination. We are eager to have a child and we believe that this artificial insemination will promote our mutual happiness and well-being.

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

To induce the physician to render the services herein requested, we and each of us agree that:

- a) We acknowledge that no action or inaction on the part of Regional One Health, UT Regional One Physicians, Inc., their physicians, or other employees or agents, in providing artificial insemination can either assure the health or well-being of the Patient or child (children) during or after pregnancy or childbirth or determine the physical and/or mental status of any child or children born as a result of the procedure. We understand and acknowledge that pregnancy and childbirth both involve risks that are independent of whether conception occurs through artificial insemination or otherwise.
- b) Although reasonable safeguards will be employed, we acknowledge that there is a risk of Patient and/or child (children) being infected by diseases, including HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome).
- c) We, and each of us, acknowledge our obligation to care for, support, educate and otherwise treat and consider any child or children born as the result of such known donor artificial insemination in all respects as though they were our natural child or children. Neither of us will never allege in any proceeding that the child or children born is/are other than legitimate, and we promise to recognize each such child or children as our lawful and legal heir(s).
- d) We accept the risks described 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, or from any other adverse in connection with or as a result of the artificial insemination herein authorized.

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

Patient Signature

Date

Partner Signature

Date

Patient Printed Name

Partner Printed Name



Consent for Artificial Insemination: Known Donor (Couple)

Form No. ROH.543 (Created 5/15) *OB0481*

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

Affix Patient Label



Patient's Initials _____

Partner's Initials _____

Consent for Artificial Insemination: Known Donor

[Notary Page for: Artificial Insemination: Known 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

STATE of _____)
) :SS
COUNTY of _____)

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

My commission expires: _____.

Notary Public



Consent for Artificial Insemination: Anonymous Donor (Couple)

Form No. ROH.543 (Created 5/15) *OB0481*

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



Affix Patient Label

Patient's Initials _____

Partner's Initials _____