

Consent for Artificial Insemination: Known Donor, Patient and Partner

We, _____ (Patient), and _____ (Partner) being over the age of twenty-one years, do hereby request and authorize Dr. _____ or her/his designee(s) to inject the prepared semen from _____ (Known Donor). 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 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 may 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 connection with or as a result of the artificial insemination herein authorized.
- b) We shall refrain from bringing any legal action of any kind, and refrain aiding anyone else in bringing legal action for or 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) We shall indemnify the Releasees from any claim 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) With full knowledge and understanding of the attendant risks and consequences of our participation, we each consent to the medical procedure described in this Consent Form. We each acknowledge and affirm that we have given our consent and entered into this agreement without coercion 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

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]



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Affix Patient Label

Form No. ROH.546 (Created 5/15) *OB0481*
1 Copy - Medical Record 1 Copy - Patient 1 Copy - Partner



Patient’s Initials _____

Partner’s Initials _____

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[Notary Page for: Consent for Artificial Insemination:
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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



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



Affix Patient Label

Patient’s Initials _____

Partner’s Initials _____