ACFS Donor Insemination Agreement

______________________(patient) and _______________________(partner) desire to engage the services of Dr. Nemiro and/or designated staff to perform one or more artificial insemination(s) with sperm from a donor. This agreement is made in order to protect the interest of the physician, the couple/woman, ACFS, and any child or children produced as a result of this procedure.

It is agreed by and between, the above named patient(s) that ACFS is hereby engaged and employed to perform the procedure of artificial insemination. ACFS shall obtain the necessary sperm from a donor sperm bank of the patients’ choice. ACFS shall take all reasonable procedures to ensure that said donor is never informed of the identity of the patient(s). ACFS shall also take all reasonable procedures to ensure that the patient(s) are never informed of the identity of the donor.

The patient(s) hereby fully agree that they each understand that ACFS cannot be responsible for the physical or mental characteristics of any child or children produced. It is further understood that no guarantee of achieving pregnancy was given or implied; nor that a pregnancy, if conceived, will be carried to term. The patient(s) also understand that there are some potential risks associated with this procedure. It is possible, although unlikely, that infection could be introduced into the patient by the procedure. Venereal infection may also be introduced during artificial insemination. In very rare cases, cramps can also occur that may last up to an hour. During pregnancy, childbirth, and delivery, the same types of complications can arise as with a child conceived by sexual intercourse. It is also possible that the resulting child or children could be born abnormal, possess undesirable traits or hereditary tendencies, or be possessed of any of the other problems or disabilities of a child or children conceived by sexual intercourse. In some cases the birth of a child by this method might also produce psychological problems for either or both patient(s), and/or partners, and/or for the child.

I/we consent to the artificial insemination procedure and agree:

A. That any child born of this procedure shall be regarded as the natural child of the patient/couple.
B. To provide all reasonable support to said child.
C. Waive all rights to challenge the legitimacy of said child.
D. Such child or children shall be considered their child or children in all other respects, including the laws of descent and distribution of property.

It is further agreed that this agreement shall remain confidential, and that the original of this agreement shall be given to ACFS for your medical records. By signing this agreement, the parties hereby consent to and acknowledge the terms of this agreement.

_____________________________ ________________________________
patient/date                                    partner/date

5/04