



WOMEN'S MEDICAL GROUP

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CONSENT TO DONOR ARTIFICIAL INSEMINATION

1. WHEREAS, we, the undersigned _____ and _____ are husband and wife, having been married in the State of _____; in the year _____; and
2. WHEREAS, we are desirous of having a child and have been informed that it is possible that together, we are incapable of procreations, all of the undersigned give the following consent:
3. **Los Olivos Women's Medical Clinic, Inc.**, whenever used in this consent, includes all physicians and all other personnel who perform services for us on behalf of **Los Olivos Women's Medical Clinic, Inc.**
4. We hereby request, authorize and furnish our consent for **Los Olivos Women's Medical Clinic, Inc.** to select a frozen sperm specimen that in the clinic's sole discretion and judgment will meet the qualifications as requested.
5. We further request, authorize and furnish our consent for **Los Olivos Women's Medical Clinic, Inc.** to obtain from a frozen sperm bank, the sperm necessary to inseminate _____ and to thereupon artificially inseminate her with said sperm in the usual and customary manner, and to do such acts in furtherance thereof as may seem necessary and advisable in the sole discretion of **Los Olivos Women's Medical Clinic, Inc.**
6. *We understand that **Los Olivos Women's Medical Clinic, Inc.** does not warrant or guarantee the qualifications of said donor, and that in determining whether the said donor meets the aforesaid qualifications, **Los Olivos Women's Medical Clinic, Inc.** shall be required to make only such investigations of and concerning such donor as seem reasonable in the sole discretion of **Los Olivos Women's Medical Clinic, Inc.***
7. We further agree that we shall not now, or at any future time, require or expect **Los Olivos Women's Medical Clinic, Inc.** to obtain or divulge to us the name of said donor, or any other information concerning said donor's race, nationality, characteristics, qualities, or to any other information whatsoever concerning said donor.
8. We further agree that following the insemination of _____ **Los Olivos Women's Medical Clinic, Inc.** shall destroy all information and records which they may have as to the identify of said donor, (other than receipts and forms relating to the sperm specimen which may be retained in the discretion of the clinic) it being the intention of all parties that the identity of said donor shall be and forever remain anonymous.
9. We further covenant and agree to **never** bring, prosecute or aid in any way, any claim, demand, action or legal proceeding of any type whatsoever, claiming any damages, costs, loss of services, expenses or compensation for any reason whatsoever on behalf of ourselves and/or any other person or fetus and in any way related to the artificial insemination of _____ and/or the medical care relating to the artificial insemination of _____ and/or any result or lack of result from this artificial insemination.
10. We further promise and agree to indemnify and hold harmless the **Los Olivos Women's Medical Clinic, Inc.** from any loss and/or expenses incurred by them in connection with the defense and/or payment of any claims or action in any way relating to this artificial insemination of _____ and/or medical care relating to the artificial insemination of _____ and/or any result or lack of result from this artificial insemination.
11. *We fully understand that such artificial insemination may not be successful.*
12. *We also understand that should pregnancy occur **Los Olivos Women's Medical Clinic, Inc.** does not warrant and/or guarantee that the pregnancy will proceed to normal, full-term deliver or that any pregnancy complications might not occur.*

We also understand that **Los Olivos Women's Medical Clinic, Inc.** does not warrant and/or guarantee the mental state and/or the physical state of any child born as a result of this artificial insemination.

13. Furthermore, in view of the use of frozen donor sperm, **Los Olivos Women's Medical Clinic, Inc.** does not warrant and/or guarantee that transmission of venereal disease by said frozen specimen would not happen even though appropriate medical investigation is undertaken to attend to preclude such a possibility. We have been informed that it is possible that venereal diseases including, but **NOT LIMITED TO**, syphilis, gonorrhea, Chlamydia, herpes simplex and hepatitis B, may be transmitted through sperm specimen.
14. We have been specifically informed that it is possible that a woman could be infected with Acquired Immune Deficiency Syndrome, currently know as AIDS, through a specimen of semen. Furthermore, A donor may appear healthy and without AIDS, but may have been infected with the virus and able to pass it on before any clinical signs or positive tests. **It is not medically possible to eliminate the risk of contracting AIDS in a woman receiving frozen donor sperm.** Furthermore, we understand that if a woman acquires AIDS through a sperm specimen, any sexual partner also risks contracting AIDS. We specifically and knowingly assume the risk on behalf of ourselves and all other persons at any time that the transmission of the diseases including, but not limited to, those mentioned in this paragraph and the preceding paragraph, may happen through the frozen sperm used in this insemination. _____
15. All of the parties realize that they are free to consult any attorney of their choice relating to the terms of this consent and/or the artificial insemination and related medical care, itself. All of the signers of this agreement have initialed this paragraph to indicate that they have either consulted an attorney of their choice or chosen not to seek such legal advice after careful consideration. _____
16. We further understand that due to difficulties in obtaining frozen sperm from an Rh-negative donor it may be necessary to use Rh-positive sperm. We understand it is possible under such circumstances to encounter difficulties with sensitization to the Rh factor in which case severe problems including death of the infant may occur.
17. This consent has been read in full by the persons executing it and any questions concerning the contents thereof have been fully answered by the personnel of **Los Olivos Women's Medical Clinic, Inc.** _____
18. This consent shall be binding upon all and each of the following: each of us, all assigns; all representatives; all heirs, executors, and administrators.

Dated this _____ day of _____, 20__

Husband

Wife

Witness

Witness