

**CONSENT TO ARTIFICIAL INSEMINATION
WITH
SPERM FROM HUSBAND OR SEXUALLY INTIMATE PARTNER**

We, _____ and _____
of _____ County, City of _____ in the state of _____ are
_____ (husband and wife or
domestic partners) and are over the age of twenty-one years. We request and authorize
Dr. H. Christina Lee and/or such assistants as she may designate to use the services of the
Family Fertility Center to perform artificial insemination upon
_____ (name of wife or sexually intimate female
partner) with sperm from _____ (name of husband
or sexually intimate male partner) with the intent of making the female partner pregnant.

The following steps are generally included in this procedure. Dr. H. Christina Lee may add, delete or modify any particular or all steps when deemed medical necessary.

- a. Suitability of the female partner as candidate for this procedure will be determined by standard infertility testing.
- b. Both partners will be offered screening for sexually transmitted diseases.
- c. The female partner will be monitored for optimal timing of insemination. This may require basal body temperature measurement, urine ovulation prediction test, ultrasound examination, blood test, and/or use of fertility medication(s).

We understand that there are risks and discomforts associated with this procedure, including but not limited to:

- a. discomfort associated with the insemination of sperm into the uterus,
- b. risk of infection of the pelvic organs from the insemination procedure, and/or
- c. discomfort with ultrasound and securing blood samples for testing.

We understand that if pregnancy is established that the normal possibility exists of complication during pregnancy and childbirth, e.g. miscarriage, ectopic or tubal pregnancy, stillbirth, congenital abnormalities, and that there is a normal chance of the birth of an abnormal infant or of adverse consequences.

Even if both partners might have been screened for genetic disease and/or sexually transmitted diseases including hepatitis, syphilis and HIV, we understand that it is possible that these tests could be negative despite the possibility of a genetic abnormality or the presence of an infectious agent. We understand that in spite of appropriate and

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currently available screening procedures for genetic defects or sexually transmitted disease, the risks of genetic defects or infection cannot be entirely eliminated.

We understand that neither Dr. H. Christina Lee nor the Family Fertility Center can be responsible for the physical and mental characteristics of the child or children produced by this method.

We, and each of us, accept these procedures as our own voluntary act and acknowledge that a child or children produced are the legitimate children of both partners and are their heir or heirs with all the rights and privileges accompanying such status. We accept our obligation to and agree to care for, support and otherwise treat a child or children born as a result of this procedure.

We understand that insurance coverage for all or any part of this procedure may not be available and acknowledge, jointly and severally, our personal responsibility for payment of costs of this procedure including testing and preparation of the sperm sample for insemination, medications, laboratory and ultrasound charges, physician's professional fees and the cost of the treatment of any complication which may result from this procedure.

We, on behalf of ourselves, on behalf of offspring born as a result of this procedure, and on behalf of their heirs, executors, administrators, successors, and assigns, hereby fully release and discharge Dr. H. Christina Lee, the Family Fertility Center, and its staff from all claims and actions that we, our offspring and their above mentioned successors now or hereafter may have arising out of the proposed procedure.

We, jointly and severally, hereby agree to indemnify and hold harmless Dr. H. Christina Lee, the Family Fertility Center and its staff, and their successors, assigns, heirs, and executors and administrators from and against any and all liability, in connection with any claim brought by us, our offspring, or any other person or entity in connection with the proposed procedure.

We have had the opportunity to read and to ask questions about the contents of this consent form titled: Consent to artificial insemination using sperm from husband or intimate partner. Our questions have been answered to our satisfaction. We fully understand the information provided in this document. We execute this consent form freely and voluntarily. We have not relied on any inducements, promises, or representations made by Dr. H. Christina Lee, the Family Fertility, or its staff. By our

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signatures below, we are indicating our consent to treatment with artificial insemination using sperm from husband or intimate partner.

Print name of wife or sexually intimate female partner	Signature	Date
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Print name of husband or sexually intimate male partner	Signature	Date
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The foregoing was read, discussed, and signed in my presence, and in my opinion the person(s) signing did so freely, and with full knowledge and understanding.

Print name of witness	Signature	Date
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I have explained to the above couple the nature and purpose of the procedure; the potential benefits, and possible risks associated with participation in this procedure. I have answered all questions that have been raised by the above couple.

Ha-Lin Christina Lee, M.D., J.D.	Signature	Date
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