



## **CONSENT FOR THERAPEUTIC INSEMINATION UNMARRIED RECIPIENT WITH SEXUALLY INTIMATE PARTNER SPERM**

We, \_\_\_\_\_ and \_\_\_\_\_, sexually intimate partners, desire to engage the services of Reproductive Resource Center of Greater Kansas City, LLC, (Reproductive Resource Center), Dr. Brabec and her designated assistants ("staff") to perform one or more artificial insemination(s) with sperm of the male partner obtained for the purpose of making the female partner pregnant.

NOW, THEREFORE: It is agreed by and between the above-named patient and partner that the staff is hereby engaged to perform the procedure of artificial insemination(s) upon the female patient. The procedure has been fully explained to us, and in particular, we understand and agree with the following: 1) We agree that even though insemination may be repeated as often as recommended by the physician and staff, there is no guarantee that pregnancy or full-term pregnancy will result. We understand that this agreement is not a contract to cure, a warranty of treatment, nor a guarantee of conception; 2) We also understand and accept that the artificial insemination procedure carries with it the risk of sexually-transmitted diseases, including but not limited to, gonorrhea, chlamydia, syphilis, herpes, hepatitis and acquired immune deficiency syndrome (AIDS); 3) We further understand that within the normal human population, a certain percentage (approximately 3%) of children are born with physical or mental defects, and that the occurrence of such defects is beyond the control of physicians and staff. Therefore, we understand and agree that Reproductive Resource Center, its physicians and staff, do not assume responsibility for the physical and mental characteristics of any child or children born as a result of artificial insemination. We also understand that within the normal human population, approximately 20% of pregnancies result in miscarriages and that this may occur after donor insemination as well. Similarly, obstetrical complications may occur in any pregnancy. By our signatures on this document, we agree to fully release, indemnify, defend, protect and hold harmless Reproductive Resource Center, its physicians and staff, from any and all liability for the mental or physical nature or characteristics of any child or children conceived or born as a result of this treatment, any obstetrical complications that may arise in a resultant pregnancy and for affirmative acts and omissions, which may arise during the performance of this agreement; and 4) We understand that, if a woman is artificially inseminated with the consent of her male partner, the male partner will be treated in law as the natural father of a child thereby conceived. We further agree that we are assuming entire responsibility for any child(ren). We agree that we will not seek support for the child(ren) or any other payment from Reproductive Resource Center, its physicians or associated staff. We further agree that if the child(ren) should seek support for any other payment from Reproductive Resource Center, its physicians or staff, we will indemnify and hold harmless Reproductive Resource Center, its physicians and associated staff.

From the moment of conception, I, \_\_\_\_\_ the undersigned male partner, accept the act of insemination as my own and agree that: 1) Such child or children conceived or born shall be my legitimate child(ren) and heir(s) of my body, and 2) I hereby waive forever any right which I might have to disclaim or omit the child(ren) as my legitimate heir(s), and 3) Such child(ren) conceived and/or born shall be considered to be in all respects, including descent and distribution of my property, a child(ren) of my body.

Reproductive Resource Center recommends that patients and their partners select and consult with a qualified attorney regarding any legal rights or obligations, parental rights or obligations, estate planning, inheritance and other legal matters which may arise as a result of these planned procedures, medical treatment and any resulting conception and birth(s) of a child or children.

Reproductive Resource Center may use the agreement as necessary in connection with any legal proceeding to which it is relevant.

IN SIGNING THIS AGREEMENT, WE CERTIFY THAT WE: 1) HAVE READ AND FREELY AND KNOWINGLY AGREE TO EVERYTHING STATED IN THIS AGREEMENT; 2) UNDERSTAND THE EXPLANATION WE HAVE RECEIVED REGARDING THE PROCEDURES; 3) HAVE BEEN GIVEN ALL THE INFORMATION DESIRED BEFORE SIGNING THIS AGREEMENT; AND 4) HAVE BEEN GIVEN A COPY OF THIS AGREEMENT.

Patient Name (please print): \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner Name (please print): \_\_\_\_\_ Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Celeste Brabec, M.D.

12200 W. 106th Street, Suite 120 • Overland Park, Kansas 66215  
(913) 894-2323 • fax (913) 894-0841 • rrc.com