



FERTILITY
ASSOCIATES
of MEMPHIS

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Date: _____

Gestational Carrier's Name: _____ Date of Birth: _____

Name of Partner of Gestational Carrier: _____ Date of Birth: _____

We, _____ and _____, hereby authorize Fertility Associates of Memphis physicians and other personnel to furnish _____ and _____, x-ray and imaging reports/results, lab results including genetics, HIV, infectious disease and/or FDA screening, psychotherapy results/evaluation reports, test results, physician consultation reports and all documentation relative to evaluation and treatment I may receive throughout the process of seeking to be a Gestational Carrier for intended couple or process of carrying a baby for them.

Additionally, we authorize Fertility Associates of Memphis physicians or other personnel to communicate fully with _____ and _____ about any and all aspects of my health prior to pregnancy, as well as any and all aspects of my pregnancy and any health condition I may have which is relevant to the pregnancy. We intend this release to cover and allow for the release and open discussion of any information about my and or my partner, mental health, substance use, including drugs of any kind, that might be relevant to pregnancy.

This information will not be given, sold, transferred or relayed to any other person(s) not specified in the authorization without first obtaining my written consent stating the need for the proposed new use of this information or need for it being transferred to another person(s).

We understand our records are protected under Federal Confidentiality Regulations and cannot be disclosed without our written consent unless otherwise provided for in the Regulations.

A photocopy of this document may be utilized and shall have the same force and effect as an original.

This authorization is valid for one year from the date of execution of this document. If a child is conceived through efforts of the parties, the term of this authorization shall be extended for one year after conception of any child whom I carry for _____ and _____

GESTATIONAL CARRIER

GESTATIONAL CARRIER SPOUSE

NON-PARTY WITNESS

NON-PARTY WITNESS



FERTILITY
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Date: _____

Intended Parent Name: _____

Date of Birth: _____

Intended Parent Name: _____

Date of Birth: _____

We, _____ and _____, hereby authorize Fertility Associates of Memphis physicians and other personnel to furnish my Gestational Carrier and Gestational Carrier's Partner, x-rays, test results, and any additional documentation relative to any evaluation and treatment we may receive in the process of seeking to create embryos for medical transfer to our Gestational Carrier's uterus so that she may be the Gestational Carrier for me and my partner.

Additionally, I authorize Fertility Associates of Memphis physicians and other personnel to communicate fully with my Gestational Carrier and her Partner about any and all aspect of my health which are relevant to the gestational surrogacy. I intend this release to cover and allow for the release and open discussion of any information about our mental health, any substance abuse, including drugs of any kind, that may be relevant to this surrogacy.

This information will not be given, sold, transferred, or relayed to any other person not specified in this authorization without first obtaining our written consent which states the need for the proposed new use of this information or the need for being transferred to another person(s).

We understand our records are protected under Federal Confidentiality Regulations and cannot be disclosed without our written consent unless otherwise provided for in the Regulations.

A photocopy of this document may be utilized and shall have the same force and effect as an original.

This authorization is valid for one year from the date of execution of this document. If a child is conceived through the efforts of the parties, the term of this authorization shall be extended for one year after the conception of the child.

INTENDED PARENT

INTENDED PARENT

NON-PARTY WITNESS

NON-PARTY WITNESS