

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Consent for Criminal History Check

Reasoning:

It is the policy for Specialists in Reproductive Medicine & Surgery, P.A. (SRMS) to perform a criminal history check (CHC) on single individuals seeking techniques through our facility in order to raise a child. These techniques will include, but not necessarily be limited to, donor insemination, conventional surrogacy and gestational surrogacy. In addition, we also perform a CHC on all Gestational and Conventional Surrogates.

While it is not uncommon for a single individual to raise a child alone in our society, it is understood that single parents are at a higher risk of inflicting child abuse and/or neglect. A single parent, therefore, constitutes an “at risk” population. If the single parent also has a violent criminal history, there may be compounded risks to the child. It is our intent to do whatever possible to protect the child and minimize the possibility of placing a child in an environment at risk for abuse/neglect.

The Commissioning Couple/Intended Parent requesting Surrogacy also wants to make certain that the individual carrying the gestation has not been involved in any significant criminal behavior.

What Is Screened:

At a minimum, SRMS will screen at least one of the following:

1. Florida Criminal History Check
2. Florida Wanted Persons Search Page
3. Florida Registered Sex Offenders/Predators

It is possible that SRMS may expand the scope of CHC depending upon the particular circumstances.

Denial of Reproductive Services:

If an individual is found to have a history of criminal behavior through the CHC, SRMS reserves the right to refuse reproductive treatment to this individual. This decision will be at the sole discretion of the medical staff of SRMS.

Inclusion In The Medical Record:

This consent and the CHC itself will become part of your SRMS medical record. Upon request for transfer of your medical records, if you do not want this consent and the CHC forwarded, please so specify and your request will be honored whenever possible. Otherwise, this information will be included with the rest of your medical record.

Consent for Criminal History Check (*cont.*)

I, _____ agree to have Specialists in Reproductive Medicine & Surgery, P.A., (SRMS) perform a Criminal History Check (CHC) and that this information will become part of my medical record.

Patient's Signature Patient's Name (print) ___/___/___
Date

Witness Signature Witness' Name (print) ___/___/___
Date

Physician's Signature Physician's Name (print) ___/___/___
Date

Please list previous addresses (to cover last 7 years)

Address:	City/State:	Zip:
County:	From Mth/Yr:	To Mth/Yr:
Address:	City/State:	Zip:
County:	From Mth/Yr:	To Mth/Yr:
Address:	City/State:	Zip:
County:	From Mth/Yr:	To Mth/Yr:
Address:	City/State:	Zip:
County:	From Mth/Yr:	To Mth/Yr:
Address:	City/State:	Zip:
County:	From Mth/Yr:	To Mth/Yr:
Address:	City/State:	Zip:
County:	From Mth/Yr:	To Mth/Yr:

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State of Issuance: _____

Current Email Address _____

For Administrative Purposes Only:

General Consent and CHC Request:

- This consent signed by all parties
- FL Criminal History Check: _____/_____/_____ (Initials: _____)
- FL Wanted Persons Search Page: _____/_____/_____ (Initials: _____)
- FL Registered Sex Offenders/Predators _____/_____/_____ (Initials: _____)

Consent for Criminal History Check (*cont.*)

CHC Outcome:

CHC negative for any past criminal behavior

Individual Accepted into program _____/_____/_____ (Initials: _____)

CHC positive for past criminal behavior (See CHC for details)

Individual excluded from care _____/_____/_____ (Initials: _____)

Notification & Documentation:

Patient notified of CHC results:

_____/_____/_____ (Initials: _____)

CHC added to Patient Medical Record

Physician's Signature

Physician's Name (print)

_____/_____/_____
Date