

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## **Disclosure-Acknowledgment-Waiver** **Donor Insemination Procedures With Lesbian Couples**

### **General Comments:**

We, \_\_\_\_\_ & \_\_\_\_\_, hereby state and acknowledge the following:

1. That we, as lesbians, are currently living together in a relationship which we equate as a marriage, but is not recognized as a legal relationship in Florida (Florida Statutes (FS) chapter 741).
2. That as a “couple”, we desire to expand our relationship and family by having children that are the natural offspring of at least one of us.
3. That the means of conception will be achieved through the use of donor sperm which will be accomplished by qualified medical professionals.

### **The Woman Undergoing The Donor Insemination Procedure:**

4. That, as a lesbian couple, we decided to seek the donation of sperm to achieve conception of a child(ren) which will be carried to delivery by \_\_\_\_\_, who will be contributing her egg (genetic material) to the conception.

### **The Female Partner Not Undergoing Donor Insemination Procedure:**

5. That under Florida law, \_\_\_\_\_, who is not contributing any genetic material for the prospective child, is not recognized as a legal parent and shall have no legal rights to custody and/or control of any child(ren) born of this procedure (FS Chapter 61).
6. \_\_\_\_\_ further acknowledges and understands that under Florida law, as a lesbian, she may not adopt the child (FS Chapter 63).

### **Couple Concerns and Comments:**

7. \_\_\_\_\_ (female partner) further acknowledges that in the event of death of the prospective natural mother \_\_\_\_\_, that \_\_\_\_\_ (female partner), may have no rights of adoption, custody nor any other legal rights pertaining to any child(ren) born of this procedure under current Florida law.

**Summary Comments:**

We, \_\_\_\_\_ & \_\_\_\_\_  
acknowledge this disclosure and understand that the physicians as well as the other medical staff of  
Specialists in Reproductive Medicine & Surgery, P.A., are not legal professionals and that all appropriate  
legal questions should be brought to our own attorney and shall not hold the SRMS staff liable for any legal  
consequences relating to the parenting, custody, adoption and other relationships between the parties and  
their prospective child(ren).

We \_\_\_\_\_ & \_\_\_\_\_ waive and release  
the physicians of Specialists in Reproductive Medicine & Surgery, P.A., and its staff, from all liability,  
whatsoever, relating to the legal relationships that result now and in the future between ourselves and any  
subsequent child(ren) resulting from any procedures used by them.

*All of the blanks in this consent have been filled prior to the signing of the signatures below:*

\_\_\_\_\_  
Patient Undergoing Donor Sperm Placement      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
(Female Partner)      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

This document was drafted with the kind assistance of the following attorney:

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