

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

www.DreamABaby.com • Fertility@DreamABaby.com

*Excellence, Experience & Ethics*



## **Non-Disclosure Agreement (Egg Donor)** **Southwest Florida Egg Donation & Surrogacy Program**

I, \_\_\_\_\_, hereby acknowledge and agree as follows:

1. I am acting as an anonymous egg donor.
2. If I become aware of identifying information regarding the egg recipient or gestational surrogate, if one is being used, I expressly agree to keep such information confidential and not disclose that identifying information or the fact that I have become aware of the identifying information. I am, however, obligated to disclose the fact that I have obtained such identifying information to the IVF Physician, the matching agency who matched me with the Intended Parent(s) (if one exists) and my attorney (if one exists) who represented me when I become aware of any identifying information.
3. I will neither seek additional information about the egg recipient or the gestational surrogate NOR shall I disclose any identifying information I have obtained as outlined above. I understand the sensitive nature of said information and that disclosing it to others could cause irreparable harm and would be a breach of this Non-disclosure Agreement.
4. I understand and agree that this Non-disclosure Agreement may be considered part of my Egg Donor consents/contracts and that breach of this Agreement may be considered a breach of all related consents/contracts and shall be enforceable under the same terms and conditions as provided for in the Egg Donor consents/contracts.

_____ Egg Donor's Signature	_____ Egg Donor's Name (print)	___/___/___ Date
_____ Nurse Coordinator Signature	_____ Nurse's Name (print)	___/___/___ Date
_____ Practitioner's Signature	_____ Practitioner's Name (print)	___/___/___ Date

Revised 02/03/2014

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