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

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Excellence, Experience & Ethics



## Non-Disclosure Agreement (Gestational Surrogate)

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

- 1. I am acting as a gestational carrier pursuant to a Surrogacy Agreement between myself and the Intended Parent(s) entered into on \_\_\_\_\_\_, the date of which the Surrogacy Agreement was signed.
- 2. It is my understanding that the Intended Parent(s) have entered in an Egg Donation Agreement with an anonymous egg donor whose identity is not known to the Intended Parent(s).
- 3. If I become aware of identifying information regarding the identity of the egg donor, 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 (if one exists) who matched me with the Intended Parent(s) and my attorney (if one exists) who represented me for purposes of reviewing the Surrogacy Agreement, when I become aware of any identifying information.
- 4. I will neither seek additional information about the egg donor 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.
- 5. I understand and agree that this Non-disclosure Agreement may be considered part of my Surrogacy Agreement and that breach of this Agreement may be considered a breach of the Surrogacy Agreement and shall be enforceable under the same terms and conditions as provided for in the Surrogacy Agreement.

Gestational Surrogate Signature	Gestational Surrogate Name (print)	// Date
IVF Coordinator Signature		//
	IVF Coordinator Name (print)	Date
Physician Signature Revised: 02/03/2014	Physician Name (print)	Date

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