



IVF PHOENIX

## AGREEMENT OF UNDERSTANDING AND ACKNOWLEDGEMENT OF INFORMED CONSENT

Dr. John Couvaras and the staff of IVF Phoenix host a website for the education of current and potential patients. Contained on that site are a number of articles and photographs related to the causes, management, and treatment of various aspects of infertility. Because photographs of actual surgical procedures enhance the learning process, we are requesting permission to use photographs taken during your surgery with Dr. Couvaras to assist us in our quest to educate and support couples who have similar infertility issues.

I understand that my identity will remain anonymous and my participation in this project is strictly voluntary

I have read this form and willingly give consent for the use of photographs from my surgery to Dr. Couvaras and/or the members of his staff at IVF Phoenix

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date