



IVF PHOENIX

AGREEMENT OF UNDERSTANDING AND ACKNOWLEDGMENT OF INFORMED CONSENT

CYCLE SPECIFIC DATA RELEASE

The Center for Disease Control (CDC) under the authority of the Fertility Clinic Success Rate and Certification Act of 1992 requires all infertility centers to report cycle- specific information about all assisted reproductive technologies (ART) procedures that they perform. To undergo an ART procedure such as IVF, GIFT, ZIFT, ICSI, or Frozen Embryo Transfer, you must agree to release information about your cycle to the CDC and the Society for Assisted Reproductive Technologies (SART). This cycle-specific information is used to calculate statistics for individual and national programs that are published each year. It is also used for epidemiologic analysis. The information we release about your specific cycle, it is only used to calculate program and national statistics. This information, as well as any personal identifiers, is protected under the Privacy Act, but is used to verify the information that we provide.

As part of the verification process, you may be contacted by professional reviewers. The purpose of this contact is to validate and confirm the information we provided to the CDC. Personal contact is strictly voluntary, so you can agree or refuse to participate in the validation process. The process, however, has been accepted by the CDC, SART, RESOLVE and other professionals in the reproductive medical field as necessary to assure the credibility of the statistics.

If you do not wish to participate in the validation process, please initial the sentence below. If you initial this sentence, understand that your cycle-specific information will still be released but you will not be contacted.

_____ I do not wish to be contacted by a professional reviewer to validate information provided to the CDC and SART by IVF Phoenix.

IN ORDER TO COMPLY WITH THE LAW, WE CANNOT PERFORM ANY ASSISTED REPRODUCTIVE TECHNOLOGIES PROCEDURE WITHOUT REPORTING CYCLE-SPECIFIC INFORMATION TO THE CDC AND SART. IF YOU DECLINE TO HAVE YOUR INFORMATION RELEASED, WE CANNOT PERFORM ANY OF THOSE PROCEDURES IN OUR FACILITY.

I have had the opportunity to ask any questions I might have about the release of cycle-specific information to the CDC and SART and understand that my participation is voluntary. By signing this form, I agree to allow that information to be released.

Patient's Signature

Date

Spouse's/Partner's Signature

Date

Witness

Date