

Clare B. Heidtke, MD  
2810 Charlevoix Avenue  
Petoskey, MI 49770  
(231) 487-0970

**CONSENT TO PERFORM ARTIFICIAL INSEMINATION**

I, \_\_\_\_\_, have engaged Doctor Heidtke to perform one or more, if necessary, artificial insemination(s) with sperm from an unidentified donor. The artificial insemination procedure has been explained to me by Dr. Heidtke and involves said doctor obtaining the necessary sperm from a donor who shall not be advised of my identity, nor shall I ever be advised of the identity of the donor. Further more, I relinquish, waive, and disclaim any privilege or right I may have to determine the donor's identity. I also agree that donor sperm may be used that has been frozen for purposes of storage over periods of weeks to months. The frozen sperm specimens will be obtained from a commercial sperm bank. I understand that an attempt will be made to choose a donor whose physical characteristics are compatible with my own.

I fully agree and understand that Dr. Heidtke or any physician who may be associated with her at Obstetrics and Gynecology of Petoskey PLC shall not be responsible for nor have given any guarantees or warranties of fitness for sperm or for the physical or mental characteristics of any child or children conceived or born. This agreement is not a contract to cure, a warranty of treatment, nor a guaranty of conception. I do hereby absolve, release, indemnify, protect, and hold harmless from any and all liability for the mental or physical nature or character of any child or children so conceived or born and for their affirmative acts or acts of omission, which may arise during the performance of the agreement, Dr. Heidtke, any physician associated with her and the Obstetrics and Gynecology of Petoskey PLC. I further agree that unavoidable infections, sometimes contagious, may result from the insemination process.

I further agree that I am assuming entire responsibility for any child or children conceived or born. I agree that I will not seek support for the child or children or any other payment from the donor or from Doctor Heidtke, or any physician associated with her, and Obstetrics and Gynecology of Petoskey PLC. I further agree that if the child or children should seek support or any other payment from the donor or from Doctor Heidtke, or any physician associated with her or Obstetrics and Gynecology of Petoskey PLC, I will indemnify and hold harmless the donor, Doctor Heidtke any physician associated with her and Obstetrics and Gynecology of Petoskey PLC.

It is further agreed that the nature of this agreement is such that it must remain confidential; therefore, I agree that a sole copy of this agreement may be retained in the above-named doctor's files and shall not be disclosed except with my express written permission, except that Doctor Heidtke, any physician associated with her or Obstetrics and Gynecology of Petoskey PLC may use the agreement as necessary in connection with any legal proceeding to which it is relevant.

DATED \_\_\_\_\_, 19\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ o'clock \_\_\_\_ .m.

Witness \_\_\_\_\_

I consent to the above doctor-patient  
relationship \_\_\_\_\_