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**TERMS OF SERVICE / DISCLOSURE STATEMENT  
FOR EGG DONOR CANDIDATES AND IUI/IVF/DONOR EGG RECIPIENTS  
effective March 1, 2011**

*I am pleased to have the opportunity to meet you and have this interview before you proceed with becoming an egg donor or egg donor recipient. This document is designed to ensure that you understand our professional relationship.*

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**OUR RELATIONSHIP:**

I will be conducting an interview with you as an egg donor or recipient(s) of donor eggs as a screening implement to help the clinic by which you were referred to determine if you are a right fit for the procedure. Although we will only meet one time for this purpose, you are welcome to inquire about seeing me for psychotherapeutic services beyond this session, should you find them helpful. You are welcome to ask me any questions about the interview, my services, or this disclosure statement when we meet.

**CONFIDENTIALITY AND PRIVACY:**

As a psychologist, I am required to keep confidential anything you say to me, with a few exceptions as required by law. However, because this interview has been arranged by a third party (Bellingham IVF, Egg Donor Select, Northwest Fertility, Arizona Reproductive Institute etc.), and for the specific purposes of pre-screening before IUI, IVF, or egg donation/receipt, I will be sharing your private information with the clinic by which you were referred to me. This information will be in the form of a letter, which will include personal details about your life, health and reproductive history, past relationship history, and present relationship details if applicable. The letter will also include my opinion as to whether egg donation/receipt is something that you are emotionally and psychologically prepared for or if there are any reasons why I believe, in my professional opinion, that it might not be the right choice for you at this time. **I will not be sharing anything you say to me with any party beyond the IVF/egg donor program that requires this report.**

*Please read the attached Notice of Privacy Practices for more information about your privacy rights, and initial here to acknowledge that you received a copy of the Notice: \_\_\_\_\_  
or that you were offered the Notice form and declined your own copy: \_\_\_\_\_*

**FEES AND PAYMENT:**

If you are an egg donor candidate, the payment for this service is provided through the clinic by which you have been referred to me. If you are a potential recipient or recipient couple, you are responsible for full payment at the time of our interview. The cost of this interview is \$300, and I cannot accept your health insurance for this kind of session. You may pay for this session via cash, check or credit card if you are in Arizona, and Paypal or credit card if you are outside of Arizona.

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CANCELLATIONS:

In the event that you are unable to keep this appointment, you must notify me **24 hours in advance** (unless there is a reasonable emergency). If I do not receive such notice and you are an egg donor candidate, the clinic by which you were referred to me will cover the cost of your missed session. If you are a donor egg recipient, **you will be responsible for paying the full \$300 fee for the missed session.**

If you need to cancel or reschedule, you can leave a message on my voice mail at **(520) 221-5771**. Also, please remember to leave all phone numbers where you can be reached with every message so that I can get back to you even if I am not in the office, as I may not have your contact numbers with me. If you are calling from a mobile phone, please say each phone number twice, as mobile phones sometimes have poor reception.

COMPLAINTS:

If at any time or for any reason you are dissatisfied with my services, please let me know. I would very much appreciate the opportunity to understand your concerns and resolve them to your satisfaction. If I am not able to resolve your concern and you are in Washington state, you may report your complaint to the Examining Board of Psychology, Dept. of Health, P.O. Box 47869, Olympia WA 98504-7869, phone: (360) 236-4928. If you are in Arizona, you may report your complaint to the Arizona Board of Psychologist Examiners, 1400 W. Washington Street, Suite 235, Phoenix, Arizona 85007, phone:(602) 542-8162.

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*By signing below, I attest that I have read, understood, and agreed to these policies, and have received my own copy of this disclosure.*

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Dr. Chasnoff's Signature

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date