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

*I am pleased to have the opportunity to meet you and have this interview before you proceed as an egg/embryo 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 fertility clinic by which you were referred to determine if you are a right fit for the procedure. It is important that you understand that **my client is the fertility clinic that referred you to me**, located within either the state of Washington or Arizona, where I am licensed as a psychologist. Although we will only meet one time for this purpose, if you reside within the state of Arizona or Washington, you are welcome to inquire about seeing me for psychotherapeutic services beyond this session, should you find them helpful. If you reside outside of the states of Washington or Arizona, you are welcome to inquire about my mental health coaching services, 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 typically required to keep confidential anything you say to me, with a few exceptions as required by law. However, because the interview has been arranged by a third party, who is my client, (Bellingham IVF, Egg Donor Select, Northwest Fertility, Arizona Reproductive Institute etc.), and for the specific purposes of pre-screening before IUI, IVF, egg or embryo donation/receipt, I will be sharing your private information with the clinic by which you were referred to me, and potentially with the egg/embryo donor or recipient if this is a non-anonymous arrangement. 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. If you are egg/embryo donor or embryo and you are involved in a non-anonymous process with the donor or recipient, the information you share with me may be shared with the other party if pertinent.**

*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: \_\_\_\_\_*

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FEES AND PAYMENT:

If you are an anonymous egg/embryo donor candidate, the payment for this service is provided through the clinic by which you have been referred to me. In the event of non-anonymous donation, your recipient is paying for your consult, and I will be making payment arrangements with them.

If you are a potential recipient, you are responsible for full payment at the time of our interview (and your donor's interview if non-anonymous) if the consult is conducted in my physical office. If our consult is conducted via phone/videoconferencing, payment is due by 24 hours prior to our consult. The cost of this interview is \$350, and I cannot accept health insurance for this kind of session. You may pay for this session via cash, check or credit card if you are in my physical office for our consult. If our session is conducted via telephone/videoconferencing platform, you may send a check in advance of our session (which must be received by me within 24 hours of our consult), or you may pay via Paypal or credit card, with the addition of a 3% convenience fee.

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 anonymous egg/embryo donor candidate, the clinic by which you were referred to me will cover the cost of your missed session. If you are a non-anonymous donor candidate, the recipient will be responsible for this payment. If you are a donor egg/embryo recipient, **you will be responsible for paying the full \$350 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

