



Diane Coté, LCSW

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Informed Psychological Consent

I give my written consent for psychological consultation to discuss my plan to participate in an egg donor and/or surrogacy program. I understand that the psychological consultation consists of an interview with a licensed mental health professional who specializes in the area of third-party reproduction. I understand that as an intended parent from donor eggs and/or surrogacy, that I will be asked to discuss psychological and social issues concerning the use of donor eggs and/or a gestational carrier so that I can make an informed and responsible choice. It is impossible to state with any degree of certainty the long-term psychological impact of using an egg donor and/or surrogate. However, we will discuss areas of potential difficulty, including the break in genetic continuity, the offspring's potential curiosity about the donor, a surrogate carrying your child and other possible feelings and questions that may arise in the future. I give my permission for Diane M. Coté, LCSW to provide this counseling.

Your clinic and/or agency will ask Diane M. Coté to provide information learned during the consultation so that the medical team may better assist the recipient(s) with the procedure. I give my consent for Diane M. Coté to communicate verbally and in writing with the clinic and/or agency staff. I also understand that the consultation may cover information contained in my medical records. I give my permission for Diane M. Coté to obtain information from my medical records.

Other than communication with the clinic and/or agency, I understand that Diane M. Coté will keep communication from the consultation confidential. However, I acknowledge that there are exceptions to confidentiality mandated by law, and that a court can mandate disclosure of otherwise confidential information. I understand that Diane M. Coté is required by law to report child and elder abuse that comes to her attention and to report indications that an individual intends to take harmful actions against another or him or herself.

I have read the above and understand the content and agree to the conditions as stated. I understand that I am entitled to a copy of this consent form. This consent lasts for one year.

Signature

Date

Signature

: _____
Date