

Haydon-Davis Counseling, Inc

Wendy H. Davis, LCSW

Licensed Clinical Social Worker

305 Kingsley Lake Drive Suite 702
St. Augustine, FL 32092

Telephone: (904) 716-5619

Fax: (248) 751-5913

Registration Form

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Cell Phone: _____ E-mail: _____

Sex: _____ S/M/D/O DOB: _____ SSN: _____

Spouse's Name: Check here if address same as above: _____

Last First Middle Initial

Address: _____
Street City State Zip Code

Cell Phone _____ DOB: _____ SSN: _____

Financial Policies

Please carefully read the information found below detailing our financial policies. It is important to us that you have a complete understanding of these policies. We reserve the right to amend or make changes to these policies and will notify you in writing. If you have any questions or concerns, please let us know.

FEES: Donor Evaluation & Report \$200
Recipients Evaluation & Report \$250

Payment Agreement

- ✓ I understand that all fees for services are due at the time of the services are rendered.
- ✓ I understand that there is a **\$25** fee for a returned check. I understand checks may no longer be accepted if a check is returned for insufficient funds-payment will need to be cash or by credit/debit.
- ✓ There is a discount for cash or check, payment by credit or debit for this service is **\$255**.
- ✓ I understand an account is considered delinquent if there has not been a payment made within 30 days following written notification of the balance due. I understand that the unpaid balance will then be subject to a monthly finance charge of 15%. **Any portion of the account balance over 30 days past due will be submitted to a collection agency and continue to accrue interest.** I also agree **to pay all collection costs** on any unpaid balance on my account, generally 50% of balance.
- ✓ **I acknowledge responsibility for any payments due to Haydon-Davis Counseling, Inc. for services provided or fees as previously outlined above.**

Your signature below indicates that you have read, understand and agree to comply with all the terms and conditions explained above.

Signature of Client: _____ Date: _____

Signature of Spouse: _____ Date: _____

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Psychological Services Consent Form

I/we, _____, hereby acknowledge that I/we have requested psychological services from Wendy H. Davis, LCSW of Haydon-Davis Counseling, Inc. Such services may include (please include all appropriate choices):

- Counseling regarding infertility and/or psychological implication of fertility treatments.
- Psychological evaluation regarding suitability to participate in one or all of the following:
 - IVF or other assisted reproductive treatment using my own gametes and not involving a third-party collaborator
 - Egg donation
 - Recipient
 - Sperm donation
 - Other _____

I/we understand that not every potential participant for third-party procedures will be accepted for treatment. As necessary, I/we hereby authorize Wendy H. Davis, LCSW to discuss the results of testing and clinical interviews with members of the fertility treatment team at **Brown Fertility** (medical facility), and understand that the results of said tests will be used to assess my ability to participate. I/we hereby release Wendy H. Davis, LCSW from any liability in the event that I am not accepted for treatment.

I/we understand that there are potential psychological risks posed by counseling and evaluation. I/we understand that psychological evaluation may involve psychological testing and will include discussions of my/our psychosocial history, current mental status, current level of support from significant others, marital satisfaction, and psychological well being. I/we understand that the evaluation process and the discussion of life experiences can be emotionally distressing. Psychological responses to the evaluation process may be, but are not limited to, the following: anxiety, depression, frustration/anger, distress, or disappointment, especially if it is decided either by myself/ourselves or by the program that I/we not proceed with donation or IVF (in vitro fertilization) as planned. Psychological risks of either the psychological evaluation or donation or IVF (in vitro fertilization) include but are not limited to: stress, interpersonal difficulties, conflicts with loved ones, impairment in daily functioning, sexual dysfunction or distress, anxiety or panic, depression, alteration of emotional well-being or triggering of traumatic memories especially involving physical or sexual abuse/trauma.

I/we also understand that any psychological and emotional risks may vary widely among individuals, so it is impossible to accurately state the likelihood of my/our personal risk and I/we cannot expect Wendy H. Davis, LCSW to state with certainty whether or not I/we may suffer any psychological consequences of counseling and evaluation. Fully understanding the above, I/we voluntarily agree to proceed with counseling and/or evaluation.

I/we, as a participant(s), specifically waive the right to claim any conflict of interest on the part of Wendy H. Davis, LCSW which may arise since Intended Parents may pay the third party participant's fees. Further, I/we understand that Wendy H. Davis, LCSW may counsel or evaluate other proposed participants involved in my/our treatment. I/we understand that Wendy H. Davis, LCSW has a responsibility to each client, individually and regardless of the interests of other participants who may be involved. I/we acknowledge and agree that Wendy H. Davis, LCSW may give certain advice to one client, or make certain recommendations about a client, which may negatively impact the ultimate success of any proposed treatment for me/us or other participants.

I/we specifically release Wendy H. Davis, LCSW from liability and release and hold harmless Wendy H. Davis, LCSW to the extent that her actions are reasonably within standards of professional practice. None of the above may be construed, however, as a waiver of my right to pursue a negligence or malpractice claim.

Signature of Participant

Date

Signature of Participant

Date

Wendy H. Davis, LCSW

Date