



## Consent for Fertility Care Services

I, \_\_\_\_\_, agree to be a participant in the Faustina FertilityCare Center Creighton Model System Program. I am becoming a participant in this program completely voluntarily. I have been advised that Creighton Model Fertility Care will be taught in this program to the exclusion of all other family planning methods.

The purpose and objectives of the program have been fully explained to me. I acknowledge that no guarantee or assurance has been made regarding the effectiveness of the method to achieve or to avoid pregnancy. I have been advised that I may contact my FertilityCare Practitioner at Faustina FertilityCare Center regarding any questions I may have concerning my use of this method. I have further been advised, and I understand, that I may withdraw from this program at any time I choose to do so.

This program requires the guidance of a trained allied health profession. I acknowledge that if I choose to withdraw from the program before my first four follow-ups I agree to return all charting and instruction materials. I understand that if materials are returned in good condition I will be refunded, minus a \$10 handling fee.

I have been informed of how to reschedule or cancel a follow-up appointment. I agree to the Cancellation Policy and No Show Policy which states I must reschedule prior to 24 hours before my appointment or I may be charged a \$20 Cancellation Fee. If I do not show up for my Follow-up and do not give notice via email or phone, I may be charged a \$40 No Show Fee.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
WITNESS

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Faustina FertilityCare Center, Sun Prairie, WI

Consent for Fertility Care Services

I.D. NUMBER \_\_\_\_\_