

SCO Surrogate Information & Consent Agreement

Surrogacy in Canada Online is dedicated to supporting both the Surrogate and Intended Parents through this wonderful, yet highly emotional journey. We provide complete support and guidance throughout the process, as well as through the medical and psychological screenings and the drafting of legal contracts. We are also pleased to be available for continued assistance as needed throughout the pregnancy.

Consultant:

The undersigned consultant is an experienced third party reproductive consultant and mental health counsellor engaged in private practice providing services to intended parents and surrogates directly.

Mental Health Services:

While you may not require mental health services during your surrogacy journey, it is hoped that you will be better able to understand your situations and feelings and move toward resolving difficulties. If required, the consultant, using her knowledge of third party reproduction, will make observations about your situation and will provide ongoing information to you to support your progress throughout your journey.

Phone Consults:

Appointments for a phone consult can be made by contacting your consultant by phone/text at (519) 527-2404 or by email at sally@surrogacy.ca. You can also send a Facebook message to Sally Rhoads-Heinrich. Voice mail, text and Facebook messages are checked daily.

Relationship:

Your relationship with the consultant is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the consultant does not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. The consultant cares about helping and supporting you through your surrogacy journey but is not in a position to be your friend or to have a social or personal relationship with you.

Confidentiality:

Information obtained during the course of your surrogacy journey is treated as confidential. A consultant will not willingly disclose any identifying information provided by the surrogate without her expressed permission to do so.

SCO's Duty to Report:

In specific situations, consultants/counsellors are bound by law to report to authorities information which may otherwise be confidential such as:

- suspicion of child abuse or neglect as defined by provincial law;
- a surrogate mother who poses an immediate and serious risk to themselves, others or the unborn baby
- a surrogate mother who reports that she has been sexually abused by a health care professional
- court ordered subpoena of a record
- negligence suit brought by the surrogate against the consultant/counsellor

If you have any questions regarding confidentiality, you should bring them to the attention of the consultant. By signing this information and consent form, you are giving your consent to the undersigned consultant to share confidential information with all persons and/or service providers responsible for providing your care

services and also releasing and holding harmless the undersigned consultant from any departure from your right of confidentiality that may result.

Crisis Management:

After hours crisis service is available. However, if you are unable to reach your consultant, please either contact your local crisis centre, emergency department or contact your family physician.

As a surrogate with SCO, you understand and agree:

1. That we are not an employee/employer relationship with you. We do not work for you, nor you for us. Our goal is to work together with you to make this as enjoyable and stress free as possible. While we understand that stressful situations do arise, and/or you may be pregnant and/or hormonal, you agree to maintain a level of respect and courtesy to your consultant and all SCO staff members when communicating with them as they will with you.
2. That you have reviewed and understand all information regarding surrogacy given to you and posted on the SCO website, you understand your obligations and expectations, and you are ready and willing without pressure or coercion to take this next step into surrogacy.
3. That at any time during the matching, and/or “dating phase” with your intended parent(s) you have the right to back out and decide not to continue forward. However, once you have agreed to the testing appointments, you are agreeing to a commitment to your intended parents and to SCO for the duration of the surrogacy journey. You understand testing appointments are very expensive for the intended parents and you have discussed and talked about all important issues regarding surrogacy to your family, and if necessary employers, as well as with your intended parents, and are confident in your match and in going forward with surrogacy.
4. That you will take all precautions to avoid an unplanned pregnancy and will not engage in sexual acts with parties who have not been medically cleared by a doctor and/or IVF clinic.
5. That you will not smoke, use illegal drugs, abuse alcohol or engage in high risk activities once you have started cycling as a surrogate.
6. That surrogacy is very expensive for intended parents, and you will work to the best of your ability to save them unnecessary expenses.
7. That you will check in consistently (or respond to our emails/messages for updates) with SCO throughout the stages of your journey. This will help us to be able to support you in the best way possible. We want to be involved as much as we can to ensure that you are properly supported during your journey.
8. That should have you have issues or concerns with your intended parents, clinic, lawyers, pregnancy, or a change in your personal life relevant to surrogacy you will contact SCO as soon as possible. We will do our best to help you in any way we can.
9. That you will not submit surrogacy applications to multiple surrogacy programs/agencies once an agreement has been made with SCO and your profile has been created for Intended Parents to view.

Consent to Services:

I voluntarily agree to receive surrogacy services, assessment, and treatment and authorize the undersigned consultant Sally Rhoads-Heinrich to provide such care, treatment or services as are considered necessary and advisable.

I _____ (full name) hereby understand and agree to the terms set out above.

Signature _____ Date _____