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Board Certified in Reproductive Endocrinology & Infertility

www.ivfmd.net

Couples Policy

At IVFMD we are dedicated to helping couples and individuals build their families. We are committed to providing all individuals with a complete, yet cost efficient infertility evaluation. We welcome patients of all backgrounds and beliefs, and respect the personal choices that individuals and couples make in their lives. However, because we have an integral role in bringing new life into this world, we would like to clearly define how we approach patients and their partners regarding the services that we offer to them.

Married woman: Legally married – Marriage certificate, share last name. Patient may use her husband’s semen for IUIs or IVF. If needed, donor sperm is an option as well.

Single woman: Not legally married. Patient may use cryopreserved donor sperm from a bank.

Common Law: Couples not legally married but who live together, consider themselves as married and introduce themselves to society as such – Demonstrate official proof of cohabitation for 1 year or more (tax forms, home ownership, joint lease or utility bills) or that you already have a child together. Patients will be treated as couples with a marriage certificate.

Other: You do not consider yourself single and do not meet criteria for being married or in a common law relationship. We will gladly provide you with an evaluation. To receive treatment by us, we would like to have a clear definition for the source of the sperm. If you cannot clearly define the relationship with your partner, we will not be able to do ovulation induction or use his sperm in the process. If you find yourself in this situation, you may consider defining your relationship (getting married) or ordering donor sperm (which is clearly defined by the sperm bank as donor sperm). Otherwise we will gladly refer you to other Reproductive Endocrinologists in the community.

Thank you for understanding our Couples Policy. Please let us know if you have any questions or concerns.

I understand and agree to this Couples Policy,

Print Patient Name: _____

Signature of Patient: _____ Date: _____