
Britta Dinsmore, Ph.D.

503.913.4791

Brittadinsmore@comcast.net

FEE AGREEMENT – DONOR OR CARRIER PSYCHOLOGICAL EVALUATION

Name of Donor or Gestational Carrier: _____ Date of Birth: _____

Name of Fertility Clinic: _____

Nature of Match or Arrangement:

If contracted through a donor or surrogacy agency, name of agency: _____

Agency Contact: _____ Email Address: _____

If match is independent, nature of pre-existing relationship or how match was established: _____

Financially Responsible Agency or Party:

Name of Person/Agency: _____ Phone Number: _____

Address: _____ Email Address: _____

Entity Requiring Evaluation Report (Agency, Clinic, and/or Attorney of Record):

Name: _____ Phone Number: _____

Address: _____ Email Address: _____

Fees and Payment Policies:

Egg or Sperm Donor Psychological Evaluation: \$725

Gestational Carrier Psychological Evaluation: \$575

- Unless I have a standing relationship with the financially responsible agency, clinic, credit card information is required to finalize scheduling of appointment*
- Unless I have a standing relationship with the financially responsible agency or clinic, payment will be processed at the time of service

* Credit card information may be provided to me by phone (503.913.4791) or on this form:

Credit Card Number: _____ Exp Date: _____ Security Code: _____ Cardholder Name: _____

Please note that a minimum of 48 hours' advance notice is required to cancel or change an appointment to avoid a \$75 late cancellation fee except in cases of illness.

Appointment Details: The evaluation appointment is approximately two hours' duration, the first hour for the clinical interview and the second for psychological testing. For ***all*** gestational carrier candidates and for those egg or sperm donor candidates who are "known/directed" donors (known personally to their recipients), if the candidate is married or has a significant other, the spouse or partner must attend the interview portion (first hour) of the appointment.

Transmission of Evaluation Results: At the conclusion of the evaluation, I will write a comprehensive report summarizing interview and test data, reviewing any areas of concern, and providing a recommendation about whether, in my professional opinion, the candidate appears to meet psychological guidelines for serving as a donor or gestational carrier. Regardless of who is paying for the evaluation, the written report will only be released to the donor/surrogacy agency, fertility clinic, and/or attorneys of record. However, any concerns identified through the psychological evaluation may be shared with the recipients or intended parents, as outlined in the Informed Disclosure form signed by the candidate prior to undergoing the psychological evaluation.

Limitation of Psychological Evaluation: Recommendations regarding a candidate's apparent psychological suitability to serve as a donor or carrier are based on the information available at the time, obtained through the clinical interview and psychological testing, both of which rely on the candidate's self-report. Though test results do provide some information on a candidate's overall openness, honesty, and willingness to acknowledge both strengths and weaknesses in responding to test questions, it is not possible to determine with certainty whether there is any additional information the candidate has withheld about personal history, current life circumstances, thoughts, feelings, or attitudes that may impact their psychological suitability. Furthermore, recommendations can only be made based on the information available at the time of the evaluation and are, therefore, only valid at that point in time. There may be changes in life circumstances or stressors in the future that may also impact the donor or carrier's psychological suitability.

Your signature below indicates that you have read this agreement, agree to its terms, and verifies that you will not hold Britta Dinsmore, Ph.D. liable for any recommendations, decisions or outcomes resulting from the psychological evaluation:

Printed Name of Financially Responsible Party, Clinic, or Agency

Date

Signature of Financially Responsible Party or of Agency/Clinic Contact