



HIPAA ACKNOWLEDGMENT AND CONSENT FOR REVIEW OF MEDICAL INFORMATION

Applicant Information

Full Name: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Acknowledgment and Consent

I understand that, as part of my application and participation with Laura's Hope, I may voluntarily provide medical records and protected health information ("PHI") related to my healthcare and treatment.

By signing below, I acknowledge and understand that:

- The medical, financial, and supporting documentation I submit may be reviewed by authorized representatives, staff members, volunteers, medical professionals, board members, and/or committee members associated with Laura's Hope for the purpose of evaluating my application and determining eligibility for assistance, grants, or services.
- The information I provide may include sensitive medical and financial information, including but not limited to fertility treatment records, physician notes, laboratory results, ultrasound reports, diagnostic information, treatment history, medications, insurance information, billing statements, proof of income, tax documents, payment history, and other supporting records submitted as part of my application.
- Laura's Hope will make reasonable efforts to protect the privacy and confidentiality of my records and information and will limit access to individuals involved in the application review process.
- I am voluntarily providing these records and understand that I am not required to submit any information I do not wish to disclose.
- I understand that submission of medical records, financial records, or protected health information does not guarantee approval, funding, treatment, or services.
- I understand that I may revoke this consent in writing at any time; however, any review or actions taken prior to revocation may still apply.

Signature

Applicant Signature: _____

Printed Name: _____ Date: _____

Laura's Hope

Grant Criteria

Please look over the following eligibility requirements in order to qualify for a Laura's Hope Grant.

- Applicants must have experienced a documented fetal loss >12 weeks, neonatal or infant loss, with no intervening live births, or patients with documented recurrent pregnancy loss.
- Applicants must be residents of the State of Michigan or Ohio for at least 1 year, and must maintain adequate living arrangements (lease or own a residence)
- Applicants must provide three years of tax returns to demonstrate income and verification of current employment
- Must have basic health insurance for mother and baby with sufficient prenatal coverage.
- Applicants must be less than 55 years of age, and couples with a cumulative age <111 years.
- Applicants must be of good physical and mental health, and reasonable financial position to raise a child. Documentation such a letter from a reproductive counselor is required for donor gametes or embryos. Legal contracts as part of usual reproductive care are also required.
 - Applicants with potential medical health issues or mental health issues will need to provide testing, documentation of their suitability to carry a pregnancy, and raise a child.
- The Following Medical Documentation will be required :
 - Ovarian reserve testing, including but not limited to AMH, CD#3 FSH, LH, E2, Antral Follicle Count within 12 months will be required.
 - Uterine evaluation within 6 months and tubal evaluation within 1 year will be required.
 - Semen analysis, for sperm providers, will also be required within 1 year of treatment.
- It is highly recommended that the applicant have a consultation with an infertility specialist in the State of Michigan to determine the most successful route of family building.

Please send completed application and required documents listed in Grant Criteria to lauras_hope@gagofertility.com



Selection Process

We encourage couples and individuals to consider which options are the most likely to be successful for them in their application process. Assessment of the suitability of the ovarian reserve, uterine/tubal evaluation and semen analysis as well as other medical factors will be reviewed by our board which is represented by physicians, nurses, and other professionals. The board's experts will give their professional opinions regarding the suitability, and likelihood for applicants success in the requested treatments/adoption. Applicants will be selected by our 9 person board (7 active voting members) for the fertility grants based on financial need and other qualifying factors, such as likelihood for success with the chosen route for family building.

Grants can be used to cover costs associated with fertility care, including but not limited to ultrasounds, blood work, medications, donor gametes, legal contracts for custody of embryos, genetic testing or adoption, and adoption related fees. Grants toward donor oocytes, donor sperm, and adoption will also be available. Applicants may re-apply for grant in the event that applicant experiences another pregnancy loss after a grant was received and used to conceive.

Financial grants may be used at any fertility center or adoption agency in the State of Michigan.

Ultrasounds, bloodwork, and early pregnancy care will be billed to insurance as applicable, or financial grants may be used to cover these expenses, or cash pay.

Donated IVF cycles shall be completed at the donating center, e.g. - donated IVF cycles from Gago IVF are to be completed at Gago IVF, and include IVF cycle management fee, oocyte retrieval, embryology, and embryo biopsy, (genetic testing is not included in this donation, couples may apply a financial grant toward these fees), and embryo transfer. Embryo storage fees will be included for 2 years of storage. After that time, the patients will be responsible for storage fees. Regret is a common issue in discarded embryos, if done too early after embryo creation. Options for embryo disposition include: donation to other couples, donation for research, or to discard embryos, per our IVF consents.

Applicants will not be discriminated against for race, ethnicity, sexual orientation, gender, or religion.

Body weight, age, and medical clearance for pregnancy can be valid medical concerns, and may be used as discriminating factors for ideal candidates for these grants. The patient must have a BMI under 40 and have medical clearance to carry pregnancy if they are not using a gestational carrier.

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Laura's Hope

Application

Applicants Name: _____

Date Of Birth: _____

Applicants Partner/Spouse Name: _____

Date of Birth: _____

Homes Address: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Email: _____

Select the route you desire for family building that has been recommended by a medical physician.

- ☐ Ovulation induction/IUI
- ☐ Donor sperm/IUI
- ☐ IVF
- ☐ IVF c donor oocytes
- ☐ IVF c donor sperm
- ☐ IVF c donor oocytes and donor sperm
- ☐ IVF c donor embryos
- ☐ IVF c Gestational Carrier
- ☐ IVF c GC, donor oocytes
- ☐ IVF c GC, donor sperm
- ☐ IVF c GC, donor oocytes and donor sperm
- ☐ Adoption

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Laura's Hope

Fertility/Pregnancy/Infant loss history: Please list infertility diagnosis(es), past infertility treatments, and pregnancy history including pregnancy loss. Please attach all pertinent medical records.

Statement of desire for a rainbow baby, and how you would like to achieve this dream:

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to lauras_hope@gagofertility.com***