



13025 Danielson St, Ste 200  
Poway, CA 92064

858.748.4222 office  
858.748.4244 facsimile

[Info@ConceptualOptions.com](mailto:Info@ConceptualOptions.com)

## Website Confidentiality Agreement

**Please Sign and return via fax, email, or postal mail to our contact information above.**

**Client:** Except for Client's family members, Client agrees not to disclose to any third party, or use in any manner, information furnished by Conceptual Options, including but not limited to, terms of engagement, costs, fees, processes, time frames, sources, names of other parties, data from any portion of Conceptual Options' list of donors, surrogates or interviews of persons anticipated or employed to meet Client's needs. Client will not disclose the confidential information to any person or party without the specific written authorization of Conceptual Options.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Partner's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please print clearly and legibly

### Services Requested

\_\_\_\_ Gestational Surrogate Only

\_\_\_\_ Egg Donor Only

\_\_\_\_ Traditional Surrogate Only

\_\_\_\_ Egg Donor & Gestational Surrogate

\_\_\_\_ Not yet certain; please advise

**When would you like to start our Services?** \_\_\_\_\_  
(i.e.; immed, 1-2 months, this year, etc.)

**How did you hear about us?** (Please circle one)

Friend / Doctor / Google / Yahoo / MSN / Other

If Doctor, Friend, or other, please specify so that we may thank them for their referral: \_\_\_\_\_