

The original of this document is in Japanese, and it is the Japanese document that is effective. Please fill in all necessary information on the original.  
As for the translation itself, it is for consideration, to assist you in your understanding. We cannot assume any responsibility for problems arising with reference to this translation.

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## Consent Form for Disclosure of Information for Couples Undergoing Infertility Treatment

Oak Clinic Group

Director:

We, the couple (including common-law marriage), declare that we are partners in fertility treatment as follows. After understanding Oak Clinic's regulations regarding the handling of personal information, if necessary for medical treatment, all of our personal information related to this treatment will be shared between the following members of this couple. I consent to this disclosure. The period of information disclosure shall be from the time of the first visit until one member of the couple (including common-law marriage) submits a form withdrawing this consent.

Wife \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Address : 〒 \_\_\_\_\_

In furigana or Latin letters (as shown on passport)

Name : \_\_\_\_\_ Initials( \_\_\_\_\_ )

ID : \_\_\_\_\_

Husband \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Address : 〒 \_\_\_\_\_

In furigana or Latin letters (as shown on passport)

Name : \_\_\_\_\_ Initials( \_\_\_\_\_ )

ID : \_\_\_\_\_

If you have no ID number, please write:

Date of Birth : \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

TEL : \_\_\_\_\_

The staff fills in

受領日：西暦 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 \_\_\_\_\_ 時 \_\_\_\_\_ 分

受領印