

Disclosure of Information by ART Provider to NSW Health

(Assisted Reproductive Technology Act 2007, sections 41T and 41U)

Under section 41T of the *Assisted Reproductive Technology Act 2007* (ART Act) people over the age of 18 years who were conceived prior to 1 January 2010 as a result of ART treatment using a donated gamete (ova or sperm) or embryo, and whose information is not included on the Central Register, can make an application to an ART provider for de-identified information, known as “accessible information” about a donor. If the person is a not yet 18 years of age their parent can make the application.

Applications for “accessible information” can also be made by people who were donor conceived after 1 January 2010 where the details of the donor were not included on the Central Register, for example where the ART treatment used embryos either created prior to 1 January 2010, or gametes donated prior to 1 January 2010 where the mother had already conceived a child using the same donor’s gametes.

“Accessible information” is non-identifying information about:

- The ethnicity and physical characteristics of the donor
- The relevant medical history of the donor, and
- the sex and year of birth of each offspring of the donor.

Under section 41U of the ART Act, **within 28 days** of receiving an application for accessible information, the ART provider must give written notice to the applicant of:

- all accessible information on the donor;
- if the ART provider does not hold any accessible information about the donor, a written statement to that effect; and
- if the ART provider has reason to believe that another ART provider may have any additional accessible information about the donor, the details of the other ART provider.

ART providers are also required to provide a copy of the information they provide to the applicant, to the Secretary, NSW Health. In addition, ART providers must also provide to the Secretary:

- any information that the ART provider has about the identity of the donor including any donor code used by the ART provider; and
- identifying information that the ART provider has about each woman who has undergone ART treatment using a gamete donated by the donor and about each individual born as a result of that ART treatment.

ART providers are required to comply with section 41U of the ART Act. Failure to comply is an offence with a maximum penalty of \$22,000 for a corporation or \$11,000 for an individual.

Identifying information about donors and offspring will continue to be released only with consent.

When to use this Form

This form is to be used by ART providers. Completion of this form will ensure ART providers comply with the requirements of section 41U the ART Act. Under that section ART providers are required to give a copy of the written notice they gave to the applicant, to the Secretary NSW Health. Additional information is also required to be provided to NSW Health with the copy of the written notice.

Completed application forms attaching a copy of the written notice given to the applicant must be sent to NSW Health at:

Contact details: Regulation & Compliance Unit
Legal and Regulatory Services
NSW Ministry of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

Email: artphcu@doh.health.nsw.gov.au
Telephone: (02) 9424 5955

DISCLOSURE OF INFORMATION BY ART PROVIDER TO NSW HEALTH

(Assisted Reproductive Technology Act 2007, section 41U)

1. ART PROVIDER DETAILS

Registered ART provider: _____

Name of the premises and address: _____

2. APPLICANT DETAILS: (Name of person who made an application to the ART provider for accessible information about the donor)

Donor conceived person: Yes / No or Parent of donor conceived person: Yes / No (please indicate who the applicant is)

Surname: _____

Given name/s: _____

Residential address: _____

Date of birth: ____/____/____ Gender: Male Female

3. DONOR CONCEIVED PERSON DETAILS (If donor conceived person is not the applicant)

Surname: _____

Given name/s: _____

Residential address: _____

Date of birth: ____/____/____ Gender: Male Female

Mother's Surname: _____

(The mother is the woman who gave birth to the donor conceived person. Please provide the surname of mother at the time of the ART treatment and any subsequent names)

Mother's Given name/s: _____

4. DONOR DETAILS (Details of the person who donated the gamete)

Surname: _____

Given name/s: _____

Date and place of birth: ____/____/____ _____
(including suburb, town or city of birth and the country of birth)

Gender: Male Female

Residential address: _____

Date donor supplied gametes in relation to this birth: _____ (date)

Donor code: _____

5. Identifying information (such as name, address and date of birth) about of each woman who has undergone ART treatment using a gamete donated by the donor and about each offspring born as a result of that treatment

6. A copy of the written notice given to the applicant is attached: Yes

Details of the person completing the form:

(Print Name)

(Signature)

(Position)

(Date)

Please complete and post to:

Regulation and Compliance Unit
Legal and Regulatory Services
NSW Ministry of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

Contact Details:

Email: artphcu@doh.health.nsw.gov.au
Telephone: (02) 9424 5955