DONOR ALLIANCE
Organ & Tissue Donation

200 Spruce Street, Suite 200
Denver, CO 80230
Phone: 303-329-4747
Fax: 303-321-0366
www.donoralliance.org

Case #: _____

UNOS #: _____

# CONSENT TO RELEASE DONOR FAMILY IDENTITY

I understand that it is the policy of Donor Alliance, Inc., to treat information concerning the identity of its donors and transplant recipients as confidential. I further understand that under certain circumstances Donor Alliance, Inc., is willing to provide identifying information to the parties involved.

Before Donor Alliance, Inc., will agree to provide any identifying information:

1. The recipient must have signed a Consent and delivered the original to Donor Alliance, Inc.

2. The donor family must have signed a Consent and delivered the original to Donor Alliance, Inc.

As additional consideration to Donor Alliance, Inc., the undersigned releases Donor Alliance, Inc., its officers, directors, employees, volunteers, agents, and representatives from any and all claims that the undersigned may at any time have against any of them that result or arise from Donor Alliance, Inc.'s, release of the information requested by this Consent. Further, the undersigned agrees to indemnify Donor Alliance, Inc., and hold it harmless from and against all claims, demands, liabilities, and expenses (including reasonable attorney's fees) that result or arise from the release of such information.

The undersigned consents to the release of the following information to the following recipient(s):

☐ **Tissue** _____ ☐ **Organ:** _____ ☐ **All Possible:**
(Specify) (Specify)

Donor Name: _____

Donor Family Name(s): _____

Donor Family Address: _____

City, State Zip _____

Telephone number: _____

Email: _____

Other: _____

The undersigned is authorized to grant this Consent and has the legal capacity to sign it.

_____ _____
Donor Family Authorized Representative Signature Date

_____ _____
Donor Family Authorized Representative Printed Name Relationship to Donor

**Return to: Donor Alliance, Inc. at the above address**

**Original: Donor Alliance, Inc.** **Copy: Donor Family**


Proprietary and confidential information
Do not reproduce or make available to third parties without prior written consent from Donor Alliance, inc.
SD170.01.xx7, Rev 01
Effective: 04/11/19
QA/Doc Approval: RLM