

## AUTHORIZATION TO RELEASE DONOR FAMILY IDENTITY

I understand that it is the policy of Donor Alliance, Inc. to treat the identity of donor families and transplant recipients as confidential. I further understand that by signing below, I have reviewed the following considerations and authorize the sharing of my information as designated.

<p>_____ Please review and initial <b>only</b> if your letter contains <b>identifying information</b>. (initial)</p> <p style="text-align: center;"><b>CONSIDERATIONS FOR RELEASING IDENTIFYING INFORMATION</b></p> <ul style="list-style-type: none"> <li>I understand that I have included details in my letter to a recipient that may be considered identifying, such as full names, where I live, work, or other identifying details.</li> <li>Including identifying information in correspondence may lead to the discovery of my identity using social media, an internet search, or other means.</li> <li>I understand that I am free to share identifying information, though once it is sent, information cannot be taken back.</li> <li>Other organizations involved in facilitating my loved one's donation may limit what information can be shared, and information in my letter may be redacted according to their policies when received.</li> </ul>
<p>_____ Please review and initial <b>only</b> if you wish to share your <b>contact information</b>. (initial)</p> <p style="text-align: center;"><b>CONSIDERATIONS FOR RELEASING CONTACT INFORMATION</b></p> <ul style="list-style-type: none"> <li>Sharing contact information can simplify the process of communication between donor families and recipients, which may or may not include meeting in person.</li> <li>Donor families and recipients may find that there may be differences in background, values, and beliefs, which may present a challenge.</li> <li>Making the decision to share contact information is a personal choice. It is also the recipient's choice whether or not to reach out, and written correspondence may continue through Donor Alliance for as long as that is desired by either party. Once contact information is shared, however, it cannot be taken back.</li> <li>Other organizations involved in facilitating my loved one's donation may limit what information can be shared, and contact information may be redacted according to their policies when received.</li> </ul> <p>I authorize the release of the following information (<i>please complete <b>only</b> the information that you want shared with the recipient(s)</i>):</p> <p>Donor Name: _____ Phone number: _____</p> <p>Your Name: _____ Relationship to donor: _____</p> <p>Address: _____ Email: _____</p> <p>City/State/Zip: _____ Other: _____</p>

I authorize the release of the above information to the following recipient(s):

- Organ: \_\_\_\_\_ (please specify which recipient)
  Tissue: \_\_\_\_\_ (please specify which recipient)
  All Possible Recipients

The undersigned hereby releases Donor Alliance, Inc., their 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 the release of the information requested by this Authorization. Further, the undersigned agrees to indemnify Donor Alliance, Inc., and hold them 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 is authorized to grant this consent and has the legal capacity to sign it.

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

Printed name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

**Return to Donor Alliance, Inc. at the above address or email to [aftercare@donoralliance.org](mailto:aftercare@donoralliance.org).**