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Recipient Request, Authorization and Release

I have read, understand and agree to abide by Hartford Hospital Transplant Program policy regarding information exchange.

Based on my interest in communicating with the family (legal representative) of the donor(s) of the organ(s) I received, I request and authorize Hartford Hospital Transplant Program to provide the following information to the family/ legal representative of the organ donor(s) that is designated below.

My Name: _____

My Mailing address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Email: _____

Other information: _____

I understand that as a result of the release of this information such persons or others may contact me and that my identity may no longer be confidential. I understand that no one can prevent the person(s) receiving information pursuant to this request and authorization from giving it to someone else.

The potential risks and benefits of communicating with the family/ legal representative of the donor and my loss of anonymity include:

Potential Benefits

1. Emotional impact
2. An opportunity to express joy and gratitude
3. An opportunity to know that the gift made a difference

Potential Risks

1. Emotional impact
2. Unpredictable consequences
 - unwanted communication
 - unable to end contact
3. Differences
 - Cultural
 - Religious
 - Moral
 - Social



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| 4. Identifying or humanizing with a person whom you may have had an extended anonymous relationship. | 4. Pain, sadness, resentment, a feeling of responsibility for the donor family. |
| 5. Control and empowerment | 5. Difference in response in family members |
| 6. Easy of direct contact i.e. removing the "middle man" | 6. Anxiety that the family member may not think the recipient was worthy of the gift |
| 7. An opportunity to share the family member with the donor family | 7. Anxiety about what to say and or do |
| 8. Increasing donation | 8. Decreasing donation |

I have read the Potential Risks and Benefits for my Loss of Anonymity. I have been provided the opportunity to ask questions.

On behalf of myself, my heirs, family and friends, I release Hartford Hospital, its employees, its agents and any health care provider who have been involved in the donation and transplantation from any liability for any injury or damages of any kind which may result from my request of an authorization to Hartford Hospital Transplant Program to disclose information about me. I assume all risk of injury or other damages, which may result from the disclosure.

This is my decision. No one from Hartford Hospital Transplant Program has requested or required that I take these actions.

Signature of organ recipient

Date

Time

Signature Designated
Communication Coordinator

Date

Time

9/2/14