

CORNEAGEN POLICY REGARDING INFORMATION EXCHANGE

CorneaGen has determined that the disclosure of identification and related information between and regarding the parties involved in cornea donation and transplantation by mutual consent does not constitute an invasion of privacy or improper disclosure of private health information and can be in the best interests of everyone involved. CorneaGen will only release information when both the donor's family and the recipient sign an authorization for disclosure of information.

RECIPIENT AND/OR DONOR FAMILY REQUEST, AUTHORIZATION AND RELEASE

I have read, understand and agree to abide by the CorneaGen Policy Regarding Information Exchange.

Based on my interest in communicating with the recipient or family of the donor(s) of the corneal tissue received for transplant, I request and authorize CorneaGen to provide the following information:

Name: _____
Mailing Address: _____
Email Address: _____ Phone: _____
Other Information I wish to provide: _____

YOU MAY CHOOSE NOT TO DISCLOSE ANY OF THE ABOVE INFORMATION. YOU ARE ENCOURAGED TO PROVIDE AS LITTLE AS YOU THINK IS NEEDED UNTIL YOU ARE SATISFIED YOU WILL BE COMFORTABLE WITH CONTACT.

I understand that as a result of the information provided, I may be contacted by such persons or others and that my identity will 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.

On behalf of myself, my heirs and my family, I release CorneaGen, its directors, its employees, its agents, and any healthcare providers (physicians, nurses, hospitals, etc.) who have been involved in the donation and transplantation process from any liability for any injury or damages of any kind which may result from my request of and authorization to CorneaGen to disclose information about me. I assume all risk of injury or other damages which may result from the disclosure. If I am signing below as "Next of Kin," I hereby represent that I am authorized by the donor's immediate family to enter into this agreement on the donor family's behalf, after appropriate consultation with them.

This is my decision. No one from CorneaGen has requested or required that I take these actions.

Name of Cornea Recipient or Donor Next of Kin _____ Date

Signature of Cornea Recipient or Donor Next of Kin _____ Signature of Parent or Guardian if Minor



2902 N. Orange Ave, Suite I, Orlando, FL 32804

Please mail disclosure forms to the above address. Should you have any further questions or concerns regarding the enclosed information, please feel free to call the Family Services Dept. at (321)445-6764.