

**University of Wisconsin Hospital and Clinics
Department of Transplantation
Living Donor Mentor Referral Consent**

I understand the services of the mentors are donated to the hospital and given with humanitarian and charitable reasons.

I understand that mentors are instructed not to answer any medical questions. Your coordinator would be happy to talk with you regarding specific medical questions.

I understand my paired mentor may be given any of the information I listed on the Living Donor Mentor Referral sheet, *except for* last name, date of birth and address, which will be kept confidential.

I understand that patient confidentiality and privacy are legal and ethical rights. Mentors, social workers, transplant coordinators and anyone else involved in the Mentor Program has a responsibility to protect my confidentiality. However, I also understand that my mentor is obligated to inform the Mentor Program staff if they believe organ donation would be dangerous to myself or my recipient, based on medical or personal information I have provided, or if any form of pressure to donate is taking place.

I have read and agree to the above information.

Name (please print) _____

Signature _____

Date Signed _____