



**Access Request—Cadaveric Organ,
Eye, or Tissue Donation
Hillsborough County
Access to Protected Health Information
Pertaining to Cadaveric Organ, Eye, or Tissue Donation**

Directions: This form is to be used whenever there is a request for access to an individual's protected health information as it pertains to cadaveric organ, eye, or tissue donation. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Read this page carefully and sign the access request to confirm that you understand its content.

Date: _____

Provide the name, title, organization and phone number of person making request or receiving information:

The information is in regard to:

Individual's full name: _____

SSN or other patient identifier: _____

This disclosure is:

- To an organ procurement organization or other entity engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Verification of requestor's identity: _____

Verification of requestor's authority (if applicable): _____

Print name of requestor: _____

Original Signature of Requestor: _____

Date: _____

For internal use only:
Date Received: _____
Recipient: _____