



# Maine Medical Center

MAINE TRANSPLANT PROGRAM

PATIENT LABEL

## Living Kidney Donor Rights

In accordance with Centers for Medicare and Medicaid Services (CMS) Conditions of Participation and UNOS Policy 14.3, each potential donor must be informed about the entire living donation process and confirm their willingness to donate. I have completed the education process and have been informed about:

- All phases of the living donation process including consent, medical and psychosocial evaluations, pre and post-operative care, and required post-operative follow up according to *UNOS Policy 18.5 Living Donor Data Submission Requirements*
- Receiving any payment or anything of value for my donation is a federal offense
- All communication between the living donor and the transplant program will remain confidential
- Pre-operative care, the surgical procedure, and post-operative care
- Alternative treatment options for the transplant recipient including deceased donor transplantation
- Potential medical, surgical, physical and psychosocial risks
- Living donor risk factors that could affect the success of the transplant or health of the transplant recipient
- Potential financial risks and impacts on my ability to obtain or retain insurance and/or employment; future health problems following donation may not be covered by the recipient's insurance.
- The requirement of the Transplant Program to assess any risk criteria for acute HIV, HBV, and HCV infection according to the U.S. Public Health Service Guideline (2020).
- Medicare status of the transplant program and its effect on the recipient's ability to have Medicare pay for immunosuppressive drugs, including any CMS outcome requirements not being met by the hospital
- National and center specific transplant outcomes from the most recent Scientific Registry of Transplant Recipients including, but not limited to, the transplant center observed and expected one year patient and graft survival, and national one year patient and graft survival was reviewed with me, and a copy of The Maine Transplant Program current statistics was given to me; I understand this information is also available at [www.srtr.org](http://www.srtr.org)
- I understand that I need to have a post-operative, 6, 12 and 24 month follow-up. This includes blood pressure measurement, kidney function assessment, and a urine protein. Maine Transplant Program is required to report living donor follow up information to the United Network for Organ Sharing at intervals specified in *UNOS Policy 18.5*.
- My right to confidentially and the right to decline to donate at any time. If I decline to donate I can do so confidentially with complete protection of my reasons for declining.
- I have been informed of Maine Medical Center's Patient Complaints and Grievance Policy which directs me through how I can have a complaint or grievance addressed. I may also call the United Network for Organ Sharing (UNOS) to discuss a problem I may experience with living donation. The toll-free patient services line **number is 1-888-894-6361.**

My signature below indicates that I am willing to donate my kidney and I have not been coerced in any way, nor have I been provided with any inducement to donate.

\_\_\_\_\_  
Signature of Potential Living Donor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Transplant Program Staff

\_\_\_\_\_  
Date/Time