



Organ Donor Registry Access Request
Fax to:
Organ Donor Program at 573-522-2898



Use this form to request or deny authorized access to the Organ Donor Registry operated by the Missouri Department of Health and Senior Services. All request forms are required to have the following fields completed. Please have staff to fill out and sign along with the supervisor's signature below.

PLEASE PRINT RESPONSES ON THIS FORM EXCEPT FOR SIGNATURE LINE. THANK YOU.

- Add Access to the Donor Registry System
- OPO Call Center Personnel
- OPO Supervisor/Administrator
- Registry Partner
- Remove Access to the Donor Registry System

Organization Name	
Last four digits of Social Security Number	
Last Name	
First Name	
Office Name/Unit	
Organization Mailing Address	
Office Telephone Number	
Office Fax Number	
Email Address	
Access Date	
Termination Date	
Supervisor's Name (Please Print)	
Supervisor's Phone Number:	

I, the undersigned, an employee of the State of Missouri or authorized user of Department data, understand that approval and assignment of the requested ID or approval of the requested change enable me to access the resources which, by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquires or updates which are not required in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension, (2) civil court and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my passwords with anyone.

User Signature and Date _____

Supervisor Signature and Date _____