

American Kidney Fund (AKF) Grant Authorization & Consent Form

***This form must be completed and signed by the Patient (or authorized Patient Legal Representative) then submitted to AKF through the Grants Management System (GMS) before any grant is approved.**

Patient Name (printed) _____

1. I consent to have an AKF agent/representative contact me via phone/email regarding my grant request(s) and/or to inform me of AKF related events and initiatives.
2. I consent to have a third party that AKF may retain to contact me via phone, letter, or email for kidney disease research purposes. I understand I can revoke this consent by notifying AKF in writing anytime.
3. I authorize my renal professionals or caregiver to act as my agent in connection with completing an AKF Grant Application online.
4. I authorize AKF to receive my personal and protected health information and to disclose it, as necessary, to my health insurance carrier, dialysis caregivers, pharmacist, or other party for purposes of my grant request.
5. I understand that assistance will terminate if funds are not used by me or my representatives for the requested purpose. I further understand it is my responsibility to notify AKF if my financial situation changes because I may no longer qualify for assistance.
6. I acknowledge that grant applications are processed on a first come, first served basis, subject to the availability of such funds and my assistance may be modified or discontinued at any time without notice.

Patient (or Patient Legal Representative) Initials _____

Caregiver or Legal Representative Designation

I authorize the following caregiver to act on my behalf to submit grant requests through AKF's Grants Management System (GMS) and to contact AKF by phone or email regarding my grant.

Caregiver Name: _____

Connection to the patient: _____

*** e.g.: spouse, adult child, parent, sibling, other family member, friend, legal representative.**

Do not complete this section if you did not have a caregiver.

Patient Signature: _____ **Date:** _____

If you are applying for HIPP assistance, you must submit the HIPP Grant Authorization & Consent Form in addition to this document.