



CONSENT FOR THE RELEASE OF INFORMATION

In order to release information, which is necessary to adopt a child through Children’s Home Society of Minnesota and Lutheran Social Service of Minnesota (CH/LSS), we need to obtain your consent with regard to the following:

1. I/We understand that in order to meet the legal requirements of adoption, **identifying information** (including but not limited to my/our adoption study and photo) may be shared with:

- Departments of Human Services
- District Courts (for purpose of legal adoption and/or finalization)
- An adoption attorney retained by me/us
- County social services agencies, private agencies, organizations, and individuals involved in adoption (including but not limited to county agency social workers involved in making placement decisions and private adoption agencies and child-specific recruiters recruiting on behalf of children)
- Other (must specify): _____

FOR INTERNATIONAL ADOPTION ONLY:

- United States Citizenship and Immigration and Services (USCIS)
- Governments of other countries

2. I/We understand that an important part of the selection and matching process may include releasing pertinent information about myself/ourselves to prospective birth parents and/or to other agencies, organizations or individuals that represent birth parents or children. This **non-identifying information** may include:

- First name(s) and photo
- General information about location of residence (e.g., urban, rural)
- General information about my/our occupation
- General information about my/our family of origin
- Specific information about myself/ourselves (e.g. hobbies, interests, education)
- Specific information about my/our parenting goals (e.g. plans for education, discipline)
- Specific information about my/our health history, treatment and/or counseling issues

I/We hereby give my/our consent to CH/LSS to release any or all of the above information. I/We assume full responsibility for whatever may result from this action. I/We will not hold CH/LSS responsible in any way for the results following the release of this information to any person, organization or governmental entity. I/We understand and accept that CH/LSS cannot guarantee my/our confidentiality. I/We understand that information at CH/LSS is limited to staff whose work assignments reasonably require access to my/our data within the purpose specified in the services provided. I/We understand this consent is valid for one year from the date of signature and may be revoked with a written notice at any time, but that this written notice will not affect information the agency has already released.

Data Privacy Notice: During your adoption, information and data about you as a client/family will be shared with Departments of Human Services, District Courts, USCIS office and our program staff via email as this is the most expedient method of transfer of information. CH/LSS does have ongoing internet security safeguards, however, we cannot guarantee complete and secure privacy of the data as it is transmitted via the usual and ordinary transferal methods of Outlook email services, as is true with all internet services. You have the option not to accept this means of transferal, but informing CH/LSS in writing, but know that transmission by fax, which is more secure, may slow down or prohibit your adoption process.

_____ *I certify that I have retained a copy of this signed document for my own records.*
Initials

APPLICANT 1 | Signature _____ Printed Name _____ Date _____
APPLICANT 2 | Signature _____ Printed Name _____ Date _____