



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 (CH), 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, post placement/post adoption reports and photos) may be shared now or in the future (in order to comply with applicable statutes, laws and regulations) 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 my/our 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) and United States Department of State
- Governments, orphanages, and NGOs 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 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 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 cannot guarantee my/our confidentiality. I/We understand that information at CH 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 or is required to release – now or in the future – by applicable statutes, laws or regulations.

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 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 transferral methods of Outlook email services, as is true with all internet services. You have the option not to accept this means of transferral by informing CH in writing, but be advised that transmission by fax, which is more secure, may slow down or prohibit your adoption process.

_____ **I/We certify that I/we have retained a copy of this signed document for my/our own records.**

APPLICANT 1 | Signature_____ Printed Name_____ Date _____

APPLICANT 2 | Signature_____ Printed Name_____ Date _____