

Domestic Post-Adoption Services Service Descriptions

Search & Outreach

We conduct searches on behalf of adopted adults (age 19 and older), birth parents, or adoptive parents who are seeking updated social/medical history or contact with one another. We can search for, or on behalf of, birth parents named on the original birth record or adjudicated in a court of law. As part of this process, we facilitate the exchange of genetic/medical information and provide support to all individuals involved in the search process: those who are initiating the search, as well as those whom we contact. Once the other party is found, your social worker can act as an intermediary with ongoing communication in order to support the developing relationship, maintain confidentiality as desired, or to address challenges as they arise.

The searcher uses a variety of methods to confidentially and respectfully search for the parties you wish to contact. Prior to your search starting, your social worker will speak with you in detail about your motivations to search, the range of possible outcomes, and access to support systems during the search and outreach journey. Please include an introductory letter with your request. See enclosed guidelines.

If you are seeking updated medical information only, and do not want facilitated contact, we will reach out for updates at a reduced search fee.

.....Full Search & Contact: \$800 + \$35 registration fee
.....Outreach for Medical Updates: \$400 + \$35 registration fee

Professional Services

A post adoption professional can provide short term assistance to support developing relationships between a birth parent, adoptive parent or adopted adult while maintaining confidentiality as desired, assist in an initial visit, or help problem-solve challenges as they arise.Professional Services (intermediary consultation) up to 3 hours per year \$200/year + \$35 registration

Non-Identifying Background Report

Adopted adults and/or adoptive parents of a child under 19 may request a report detailing the social and medical background of the adopted person's birth family. This report is compiled using information in the file at the time of birth through the placement into adoptive home. The file may contain the social and medical history of relatives including medical conditions, physical descriptions, ethnic background, religious background, schooling, talents and hobbies. It may also include information about the nature of the birth parents' relationship and reasons for adoptive placement.

Please note: Clients may add a Non-Identifying Background Report to their Search & Outreach services for a reduced rate if requested at the same time.

.....Non-identifying Background Report: \$125 + \$35 registration fee
.....Background Report *plus* Search & Outreach: \$100 + search fee + 1 registration fee

Brief Service

File review for updates and other special requests

Birth parents, adoptive parents, or adopted adults are able to add a letter or photo to a file or request that their file be checked for updates such as a request for contact from other individuals connected to the adoption. Requests for information about paternity status are also honored. There is no charge to update your file with contact information (phone, address, email).

Per Minnesota Statute 259.83, an adopted adult placed after August 1, 1982 may be able to receive identifying information from their placing agency about one or both of the birth parents named on their original birth certificate, provided the birth parent(s) did not file an Affidavit of Non-Disclosure.

.....Brief Service Requests: \$25 + \$35 registration fee

NOTE about vital records: By law (MN Statute 144.225 and 144.2252), the Adoption Programs of Lutheran Social Service and Children's Home Society of Minnesota do not maintain or release copies of birth certificates, death certificates, or other vital records. We can give clients information on how to obtain these records from the Minnesota Department of Health (MDH), or you can visit their website at:

<http://www.health.state.mn.us/divs/chs/osr/>. If you are seeking records from other states, please contact that state for more information.

Client Rights & Responsibilities and Notice of Privacy Practices Post-Adoption Services

You have the following rights as a client of Children's Home Society of Minnesota (CHSM) / Lutheran Social Service of Minnesota (LSSM):

1. To be treated with dignity and respect.
2. To fair and equitable treatment including receiving CHSM / LSSM services in a nondiscriminatory manner and being able to express and practice your religious and spiritual beliefs in conformance with state laws regarding the treatment of vulnerable persons.
3. To know the name of your CHSM / LSSM contact.
4. To competent and caring assistance from a CHSM / LSSM staff member.
5. To participate in all service decisions and to be provided with sufficient information to make informed choices about CHSM / LSSM services.
6. To refuse any service except that which is court-ordered or otherwise mandated by law and to be informed of the consequences of such refusal.
7. To understand the services being offered
8. To know any fees or charges that you may have to pay and what financial assistance may be available. Based on current fee schedules, you will be informed of the amount that will be charged; when fees or co-payments are charged, changed, refunded, waived or reduced; the manner and timing of payment; and the consequences of non-payment.
9. To have a copy of your bill and to know if it has been submitted to a third party on your behalf.
10. To schedule timely appointments.
11. To file a complaint about the services you have received, and if not resolved, to be informed of escalated complaint procedures within the agency or to the proper authorities.
12. To communicate in your known language. If necessary, we will secure translation services including providing telephone amplification, sign language services or other communication methods for deaf or hearing impaired persons. We will also help you to understand and communicate if you have difficulty making your service needs known.
13. To give informed consent to the extent provided by law.
14. As a parent or legal guardian, to see private information about your minor children and to authorize other persons to access the information about your children.
15. The rights given by Minnesota law to minors to request that certain private data be withheld from their parents. The minor is required to make this request in writing and the agency must make the determination if denying the parental access is in the best interests of the minor.
16. To request an in-house review of your service plan.

You have the following responsibilities as a client of Children's Home Society of Minnesota (CHSM) / Lutheran Social Service of Minnesota (LSSM):

1. To be open and honest.
2. To keep us updated on your address and phone number.
3. To understand what you sign.
4. To treat all CHSM / LSSM staff and volunteers with respect. (Any threatening or abusive behavior may result in our ceasing to provide you services.)
5. To provide relevant information in order to receive services from CHSM / LSSM, to participate in service decisions and to follow through with service plans and recommendations of your staff contact.

6. To keep appointments or cancel them at least 24 hours in advance.
7. To pay all fees that are not covered by insurance or other third party sources.
8. To provide and keep updated correct details about your income and expenses if you are paying fees on an adjusted fee schedule.
9. To communicate any questions or concerns directly to your staff contact. We encourage you to share any suggestions or complaints by following the steps outlined below with the goal of fairly and quickly resolving your complaint or grievance:
 - Talk to the CHSM / LSSM staff member involved as soon as possible after the grievance arises.
 - If this does not resolve the grievance, ask to speak directly to the CHSM / LSSM staff member's supervisor.
 - If this does not resolve the grievance, put the grievance in writing and submit it to the supervisor or any CHSM / LSSM staff member. Upon receipt of a written grievance, the supervisor will respond in writing to the grievance within seven working days.
 - If this does not resolve the grievance, you may take the grievance to the Senior Director.
 - If your concerns are not addressed within the program, you may contact the President and CEO, and then the Board of Directors.

This notice describes how your private information may be used and how you can get access to this information.

Please review it carefully.

1. This Notice describes the privacy practices of Children's Home Society of Minnesota (CHSM) / Lutheran Social Service of Minnesota (LSSM). We are required by federal and state law to ensure the privacy of your protected health information and to abide by the terms of this notice. In order to provide Post Adoption services we will collect private information. You may refuse to supply the requested information, but such a refusal may lead to the inability to provide Post Adoption services. Only authorized staff at CHSM / LSSM will have access to your data and others outside of CHSM / LSSM as you give separate and express permission. All adoption records are confidential and permanent.
2. Your Responsibility for Protecting Your Privacy: You will be asked to sign a copy of this Notice to confirm that you have read it. You will be given a copy of this notice.
3. What is Private Information including Protected Health Information: Private information is information that may identify you. Protected Health Information (PHI) is information regarding health which identifies you. These include:
 - Name, address, telephone number and date of birth
 - Social Security Number
 - Sex and marital status
 - Health history including all medical or treatment records or information relating to past, present or future medical care
 - Research data
 - Information regarding your dependents
4. Changes to This Notice: We reserve the right to change the terms of this Notice at any time. The new Notice will be effective for all of your Private Information including PHI that we maintain at that time, as well as any information we receive in the future. If the terms change while you are a client of CHSM / LSSM, you will be provided with a copy. This Notice is effective from November 11, 2004.
5. When We May Use or Disclose Your Private Information including Protected Health Information (PHI) without Your Permission:
 - Court Order. If we receive a valid court order.
 - Service. We may use or disclose your PHI only as is necessary to provide services to you, or to comply with MN Statute 259.83 by informing related individuals of genetic medical conditions that may affect them.
 - Payment. We may use or disclose your private information to obtain payment for services that we provide to you. For example, we may disclose your private information to determine eligibility or coverage.
 - Request by Legal Guardian or an Adjudicated Parent. We are required to provide information about their child, but not about services provided to the other parent.
 - Disclosures to Business Associates. We may use or disclose your PHI to persons or organizations who perform a service for us that requires the disclosure of individually identifiable information. Such persons or organizations are

our business associates. They have signed an agreement with us to keep this information private under Minnesota and Federal law.

- Disclosures to Relatives, Close Friends or Other Caregivers. In certain limited situations, such as an emergency or your inability to function, we may use or disclose private information which is directly relevant to your care. We will ask you if you agree to such a disclosure unless you are unable to function or there is an emergency.
- Public Health Activities. If required or allowed by law, we may use or disclose your PHI for the following public health activities: 1) to report to public health authorities for the purpose of preventing or controlling disease, injury or death; 2) to alert a person who may be at risk of contracting or spreading a communicable disease or condition; and 3) to report information to your employer as required by laws addressing work-related illnesses and injuries or work place safety.
- Mandated Reporting. If we reasonably suspect that a vulnerable adult or a child is a victim of abuse or neglect, or that a pregnant woman is abusing alcohol or controlled substances, we are required by law to disclose private information which identifies you to a public authority.
- Duty to Warn. We are required by law to disclose private information, which identifies you to prevent or lessen a serious or imminent threat to the health or safety of a person or the general public.
- Certain Judicial and Administrative Proceedings, Certain Government Functions, Law Enforcement Officials or whenever required by any other law not referred to in this section.

6. You Have the Following Rights Regarding Your Private Information including Protected Health Information:

- The right to request restrictions on certain uses and disclosures of private information, although CHSM / LSSM is not necessarily required to agree to a requested restriction.
- The right to request and receive confidential communications of your private information.
- The right to amend your private information.
- The right to cancel any authorizations for use or disclosure of your private information.
- The right to inspect or copy your private information on payment of a reasonable cost-based fee. (NOTE: Access to adoption records is restricted by Minnesota law.)
- The right to request a correction of your private information.
- The right to receive a record of disclosures of your private information.
- The right to your own billing account.
- The right to receive a copy of this notice.

7. You do not have the right to:

- Confidential adoption records (reference letters, birth records, etc.)
- Information in your file regarding another person or from another person regarding you (medical reports, case notes, etc.)

8. Complaints: Any client that feels he or she has been treated inappropriately by a CHSM / LSSM employee must report the complaint to CHSM / LSSM pursuant to CHSM / LSSM's Grievance Policy and Procedure.

SIGNATURE REQUIRED ON NEXT PAGE

Client Rights & Responsibilities and Notice of Privacy Practices Post-Adoption Services

Please retain the Client Rights & Responsibilities for your records. Return this page with your service contract.

I/We have received the Client Rights & Responsibilities, and understand that my signature acknowledging receipt of this notice will be put in my/our file at CHSM / LSSM.

Client signature	Client signature
Print name	Print name
Date	Date

Domestic Post-Adoption Services Agreement

YOUR INFORMATION *A copy of a photo ID OR notary is required.*

Check applicable box (who you are):

- | | |
|--|---|
| <input type="checkbox"/> Birthparent | <input type="checkbox"/> Parented child of birthparent* |
| <input type="checkbox"/> Adopted adult | <input type="checkbox"/> Child of adopted adult* |
| <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Relative, specify relationship*: _____ |

***Proof of relationship is required, i.e., copy of original birth certificate(s) or obituary.**

Name: _____

(Last)
(First)
(Middle)

Date of Birth: _____ Address: _____

Home Phone: _____
 Check here if you do not want messages left at this number Check here to receive correspondence in a plain/non-agency envelope

Cell Phone: _____ Email: _____
 Check here if you do not want messages left at this number

ADDITIONAL INFORMATION

You can help us find the information we need by filling out as many of the following details as possible. Even if you don't know all of the information, please fill out what you can.

Adopted Person's Information:

Child's Name at Birth: _____

(Last)
(First)
(Middle)

Name Given by the Adoptive Parents: _____

(Last)
(First)
(Middle)

Date of Birth: _____ Date of Adoption: _____

Placing Agency:

- | | |
|---|--|
| <input type="checkbox"/> Children's Home Society | <input type="checkbox"/> Lutheran Social Service |
| <input type="checkbox"/> Ramsey County | <input type="checkbox"/> Catholic Charities—Crookston Diocese |
| <input type="checkbox"/> Jewish Family Service -Mpls | <input type="checkbox"/> Catholic Charities – St. Paul-Minneapolis |
| <input type="checkbox"/> Jewish Family Service-St. Paul | <input type="checkbox"/> Lutheran Children's Friends Society |
| <input type="checkbox"/> Reaching Arms | <input type="checkbox"/> Nicollet County |
| <input type="checkbox"/> State of Minnesota | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hennepin County | |

Adoptive Family's Information:

This information is used for file identification. All services requested by an adopted adult remain confidential unless a release of information is signed.

First Parent's Name: _____
(Last) (First) (Middle)

Second Parent's Name: _____
(Last) (First) (Middle)

Birth Parents' Information:

Birth Mother's Name (at the time of the child's birth):

(Last) (First) (Middle)

Birth Date: _____

Birth Father's Name:

(Last) (First) (Middle)

Birth Date: _____

Birth Father is identified on birth certificate, adjudicated, or signed legal recognition of parentage, if known.

FORM CONTINUES ON NEXT PAGE

SERVICES BEING REQUESTED

Check box next to desired service(s):

Background Report (no search)\$125 + \$35 registration fee

Search & Outreach

Full Search & Contact.....\$800 + \$35 registration fee

Outreach for Medical Update, no intermediary contact\$400 + \$35 registration fee

I would like to search for _____

Background Report *plus* Search & Outreach.....\$100 + search fee + \$35 registration fee

***Specify search options above to determine search fee; only one registration fee is required**
(birth mother, birth sibling, birth father, adopted adult, etc.)

Brief Service Request

File review for update or other special request.....\$25 + \$35 registration fee

Special Request (please specify): _____

Professional Services (intermediary consultation / facilitated contact).....\$200/year + \$35 registration fee

PAYMENT

Registration fee is due at the time the service agreement is submitted. Services will begin when the service fee is paid in full. Registration fees are non-refundable. Service fees are for services rendered, and are not contingent on the outcomes of those services. For questions about services and sliding fee scales, please contact our Intake Specialist at 651-255-2371 or PAS@chsfs.org.

Check here if reduced fees were approved prior to submission of this form

To pay by check, please make checks out to:

Children's Home Society—PAS

If the placing agency is:

Children's Home Society

Ramsey County

Hennepin County

Jewish Family Service – St. Paul and Minneapolis

Reaching Arms

State of Minnesota

Lutheran Social Service—PAS

If the placing agency is:

Lutheran Social Service

Catholic Charities—Crookston Diocese

Catholic Charities—St. Paul-Minneapolis

Lutheran Children's Friends Society

Nicollet County

To pay by credit card:

Credit Card

Service and Registration Fee Total _____ + **Transaction fee** _____ = Total amount to be charged: _____

• Visa, MasterCard, Discover add 2.75%

• American Express add 3.5 %

Card number _____ Expiration _____ Security Code _____

FORM CONTINUES ON NEXT PAGE

Please submit form and payment to:

Mail: Post Adoption Services
Attn: Joan Johnson
1605 Eustis St.
St. Paul, MN 55108
Fax: 651-646-0436, Attention: Joan Johnson
Email: jjohnson@chsfs.org

By signing I attest that the information submitted on this form is true and correct to the best of my knowledge.
A copy of a photo ID OR notary is required.

Signature: _____ Date: _____

NOTARY

Signature of Affiant

Agency

Agency Address

On this ____ day of _____, 20____
Subscribed and sworn to before me.

Notary Public _____