

Domestic Post Adoption Services | Service Descriptions

A \$35 registration fee is due at time of service request

Search & Outreach

We conduct searches on behalf of adopted adults (age 19 and older), birth parents, or adoptive parents of minors 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 post adoption worker can act as an intermediary with ongoing communication in order to support the developing relationship, maintain confidentiality as desired, and address challenges as they arise.

The post adoption worker uses a variety of methods to confidentially and respectfully search for the parties you wish to contact. Prior to your search starting, your post adoption 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. Or you may wait and submit your introductory letter after consulting with your post adoption worker.

Search with request for ongoing contact:

.....Full Search & Outreach: \$800
.....2nd Search & Outreach: \$600

Search with request for *no ongoing contact*:

.....Search & Outreach For Medical Updates: \$400
.....Search to confirm birth parent is deceased & assist client to petition court for Original Birth Record: \$400

Professional Services

A post adoption worker 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 when no search is needed) up to 3 hours per year \$200/year

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 date of 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: \$250
.....Background Report *plus* Search & Outreach: \$200 + cost of search

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. 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
Additional copy fee if more than 10 pages \$1/page over 10 pages

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

Non-Discrimination

The services of Children's Home and LSS are available to all people regardless of race, color, ethnicity, religion, disability, national origin, sex, sexual orientation, gender identity, or gender expression.

Accommodations

Reasonable accommodations shall be made for people who have communication disabilities and those who speak a language other than English.

You have the following rights as a client of Children's Home Society of Minnesota (CH) & Lutheran Social Service of Minnesota (LSS):

1. To be treated with dignity and respect.
2. To fair and equitable treatment including receiving CH/LSS 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 CH/LSS contact.
4. To competent and caring assistance from a CH/LSS staff member.
5. To participate in all service decisions and to be provided with sufficient information to make informed choices about CH/LSS 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 (CH) & Lutheran Social Service of Minnesota (LSS):

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 CH/LSS 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 CH/LSS, 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 CH/LSS staff member involved as soon as possible after the grievance arises.
 - If this does not resolve the grievance, ask to speak directly to the CH/LSS staff member's supervisor.
 - If this does not resolve the grievance, put the grievance in writing and submit it to the supervisor or any CH/LSS 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 (CH) & Lutheran Social Service of Minnesota (LSS). 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 CH/LSS will have access to your data and others outside of CH/LSS 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 CH/LSS, 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 CH/LSS 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 who feels they have been treated inappropriately by a CH/LSS employee must report the complaint to CH/LSS pursuant to CH/LSS's Grievance Policy and Procedure.

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/our signature(s) acknowledging receipt of this notice will be put in my/our file at CH/LSS.

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

***Proof of relationship is required (i.e., copy of requestor's birth certificate AND either a death certificate(s) or obituary).**

Legal Name: _____
(Last) (First) (Middle)

Preferred Name: _____ Preferred Pronouns (i.e., she/her/hers): _____

Date of Birth: _____ Address Line 1: _____

Home Phone: _____ City, State, Zip: _____
☐ 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 Information

Child's Name at Birth: _____
(Last) (First) (Middle)

Name Given by the Adoptive Parents: _____
(Last) (First) (Middle)

Preferred Name: _____ Preferred Pronouns (i.e., she/her/hers): _____

Date of Birth: _____ Date of Adoption: _____

Placing Agency:

- | | |
|--|--|
| <input type="checkbox"/> Children's Home Society | <input type="checkbox"/> Lutheran Social Service |
| <input type="checkbox"/> Reaching Arms | <input type="checkbox"/> Catholic Charities—St. Cloud |
| <input type="checkbox"/> EVOLVE | <input type="checkbox"/> Catholic Charities – St. Paul-Minneapolis-New Ulm |
| <input type="checkbox"/> Other : _____ | <input type="checkbox"/> Lutheran Children's Friends Society |

Adoptive Parent 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 Parent Information (at the time of the child's birth)

Birth Mother's Name: _____
(Last) (First) (Middle)

Birth Mother's Date of Birth: _____

Birth Father's Name: _____
(Last) (First) (Middle)

Birth Father's Date of Birth: _____

☐ (If known) Birth Father is identified on birth certificate and/or signed legal recognition of parentage or other legal documentation.

SERVICES BEING REQUESTED

A \$35 Registration Fee is due at time of request, regardless of number of services requested

Check box next to desired service(s):

☐ Background Report (no search)\$250

☐ Search & Outreach

☐ Full Search & Outreach with ongoing contact\$800

☐ 2nd Full Search & Outreach, (i.e., birth father search after birth mother search) \$600

(Please do not request or pay for a 2nd search until the outcome of the 1st search is known)

☐ Outreach for Medical Update with no ongoing contact.....\$400

☐ Search to confirm birth parent is deceased & assist client to petition court for Original Birth Record:\$400

☐ Background Report *plus* Search & Outreach.....\$200 + **search fee**

***Specify search options above to determine search fee; only one registration fee is required**

I would like to search for (i.e., birth mother, birth sibling, birth father, adopted adult) _____

☐ Brief Service Request

File review for update or other special request.....\$25

Additional copy fee (if more than 10 pages) \$1/page after 10 pages

Special Request (please specify): _____

☐ Professional Services (intermediary consultation / facilitated contact when no search is needed)\$200

PAYMENT

A \$35 registration fee is due at the time the service agreement is submitted. Services can begin upon payment in full unless we are experiencing a wait list. We will notify you of approximate wait times upon receiving your completed service contract and fees. The registration fee is non-refundable. Service fees are for services rendered, and are not contingent on the outcomes of those services.

To pay by check, please make checks out to:

Service(s) + \$35 Registration Fee _____

Children's Home Society—PAS

If the placing agency is:

☐ Children's Home Society (CHS)

☐ Reaching Arms

☐ EVOLVE

☐ Other: _____

OR

Lutheran Social Service—PAS

If the placing agency is:

☐ Lutheran Social Service (LSS)

☐ Catholic Charities—St. Cloud

☐ Catholic Charities—St. Paul-Mpls-New Ulm

☐ Lutheran Children's Friends Society

☐ Other: _____

Internal Office Use: ASF \$ _____

SW May2019

To pay by credit card:

Service(s) + \$35 Registration Fee _____ + Transaction fee _____ = Total amount charged: _____

- **Visa, MasterCard, Discover add 2.75%**
- **American Express add 3.5 %**

Card Number _____ Expiration _____ Security Code _____

Please submit form, initial letter 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:* Joan.Johnson@chlss.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_____
Agency_____
Agency Address

On this ____ day of _____, 20____

Subscribed and sworn to before me.

Notary Public _____

Post Adoption Search & Outreach Introductory Letter Guidelines

As you prepare for outreach, we ask that you write a letter to the person with whom you desire contact. This letter introduces you to the other person and can help initiate a conversation and answer initial questions and concerns. Here are some guidelines to consider as you prepare your introductory letter. You can share as much or as little information *about yourself* as is comfortable for you. You may feel a special bond to the person you are reaching out to, simply because of your 'relatedness'. However, please consider that you do not yet know the person that you are contacting. You can always share more, but you cannot take back information that you've shared.

- We recommend a gradual approach to releasing **identifying information about yourself**, e.g. begin with your first name and state of residence. Our agency can only pass along the identifying information that you give us permission to share on the enclosed *Client Authorization to Use or Disclose Private Information*. Over time, once trust is established with this new found relative, you may choose to share more information. It is up to you how much information about yourself you wish to share and when. We can provide guidance and things to consider over time.
- You may share general information about other family members, but our agency will need a signed *Client Authorization to Use or Disclose Private Information* from the family member in order to share *identifying* information about any family member. *For example, you may share that your son David is a junior in college studying psychology. You may not share the specific college or location without his signed consent. You may share that there is a family history of diabetes, early heart attacks or other important medical information. You may not share that your sister Mary Brown lives in Seattle Washington and has diabetes. Thank you for understanding that each adult must give our agency their signed consent to share their own information that leads to their identity.*
- Based on the events and environment that shaped the adoption story, the recipient may have preconceptions of who you are or what you experienced. Describe your **personality**. How have you changed?
- Provide a **physical description**. If you include a picture, describe the context in which the picture was taken.
- Share highlights from **childhood**. Avoid full names, birthdays, cities, or other identifying information of others.
- What are your **educational** and/or **vocational** pursuits?
- Describe your **family** and **relationships**. You may use their first name and the ages of individuals, but not a complete date of birth.
- What are your **interests**, hobbies, leisure time activities?
- How has **adoption impacted** your life? The other person may be concerned about negative feelings you have about your adoption experience.
- Share your **expectations/hopes** for outreach and the nature of contact in which you are interested (e.g. letters, phone, email, direct contact). What led you to do outreach at this time in your life?
- What **specific questions** do you have? This could include medical information, updated family information, etc. Having specific questions can help the other person formulate their response.
- We suggest that you include a photograph of yourself. Seeing familial resemblances can be very powerful!

Please include your introductory letter and a photograph with your service contract. If you have questions, you may wait to discuss the letter with your case manager before completing and submitting it to our agency.

Client Authorization to Use or Disclose Private Information

I/we authorize staff at Children's Home Society of Minnesota & Lutheran Social Service of Minnesota (CH/LSS) to **seek from** and/or **release to**:

(Name of person or relationship to person, i.e., birth mother, birth father, birth child or adoptive parents)

Information regarding myself or my child, _____, born on _____,
(Full Name) (Date of Birth)

for the purposes of post adoption services.

Description of information to be disclosed:

- | | |
|---|--|
| <input type="checkbox"/> First Name: _____ | <input type="checkbox"/> State of Residence: _____ |
| <input type="checkbox"/> Last Name: _____ | <input type="checkbox"/> Letters/Cards |
| <input type="checkbox"/> Full Address: _____ | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Email Address: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Phone Number: _____ | _____ |

I/We understand that my/our individual files are protected under state and federal confidentiality regulations and cannot be used or disclosed without my/our written consent (*except where disclosure is mandated by law, such as reporting risk of harm to self or risk of harm to others or judicial action*). 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 necessary for the delivery of post adoption service. 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 requested post adoption services such as International adoption agencies, staff or representatives of the adoption agency. 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.

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

Data Privacy Notice: During your adoption, information and data about you as a client/family will be shared with Departments of Human Services and Department of Health, 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, by informing CH/LSS in writing, but know that transmission by fax, which is more secure, may slow down or prohibit your adoption process.

APPLICANT 1 | Signature _____ Printed Name _____ Date _____

APPLICANT 2 | Signature _____ Printed Name _____ Date _____

Things to Consider Before You Search Post Adoption Services

Carefully consider your expectations.

Think about what kind of search outcome you are hoping for. What are your expectations for the process and result? Are you seeking information? Some level of contact? An ongoing relationship? How do you envision it to be?

Be prepared for a variety of outcomes.

If your search outcome is not what you had hoped, how will you handle it? What if the other person cannot be located? What if they are deceased? What if they do not wish to have any contact? What if the information you find contradicts what you had believed to be true? Think about how you might respond to a range of potential outcomes.

What happens if the other person does not want any contact with me?

If the located person does not initially desire contact, we generally provide options and encourage the individual to think about it further and provide support/resources. If a firm decision for no contact is made by a birth parent, we will attempt to gather updated non-identifying health information and provide that to you, along with any other information they wish to share. Keep in mind, this person does not know you and is only responding, or making their decision, based on their own readiness and emotional needs or current life circumstances (caring for an elderly parent, divorce, family loss).

What happens if the search reveals that the birth mother is deceased?

If a birth mother is deceased, we can search and provide outreach to next of kin of the birth mother (sibling or child of birth parent) if contact with a relative is desired. The adopted adult may also petition the court for the original birth certificate.

Can I find out more about my birthfather?

We can provide non-identifying information from our files about birth fathers. However, some files may not have much (or any) background information on birthfathers if the birthmother did not provide it at the time of placement. Whether or not you are able to search for your birth father is, in part, determined by documented (legal) paternal status of the father on record.

Consider who is in your support network.

Examine your support system. The search can be a long, emotional journey, so it is very important to have supportive people to talk with about your feelings and experiences, before, during and after your search. Consider exploring adoption-competent counseling resources. Our agency provides a variety of support groups if you live near the metro, and many other resources which may be found here <https://chlss.org/post-adoption/post-adoption-resources/>. Another great resource with a comprehensive list of statewide (MN) adoption competent therapists and other resources can be found here www.mnadopt.org or 612-746-5137.

Be prepared for a wide array of emotions. Reunion is often described as an emotional roller coaster.

Fear, obsession, anger, guilt, shame, anxiety, relief and exhilaration are all feelings that are commonly experienced. Anyone involved in a search (birthparent, adopted adult, etc.) may experience these emotions, as well as resurfacing grief issues. Consider that the searched-for person may not have had the mental and/or emotional preparation and support that you have had. Even those who are open to contact may be very overwhelmed by unexpected contact. They may need more time and patience to process their thoughts and feelings. Remember that a person's readiness may change over time.

Can I search using DNA? If you proceed with independent DNA research, please inform your CH/LSS post adoption worker.

We recommend proceeding with only 1 search at a time, either through DNA or CH/LSS. If you consider searching for a birth relative through DNA testing or other independent research, we encourage you to exercise caution and respect the privacy and wishes of all individuals. Reaching out to individuals that are not ready for contact or wish to maintain confidentiality can be counterproductive. Utilizing confidential (intermediary) communication through an agency that honors and respects the wishes (and pace) of all parties can be a safer and more productive process for all, with greater likelihood of a positive outcome. If you decide to reach out directly, we recommend contacting the individual directly in writing, rather than contacting relatives, friends or neighbors of the person for whom you are searching. We never recommend going to anyone's home until you have communicated in writing or a phone call to receive permission.