



1605 Eustis Street
Saint Paul, MN 55108

800-952-9302
651-646-7771
chlss.org/post-adoption/

Client Authorization to Use or Disclose Private Information

I/we authorize staff at Children’s Home Society of Minnesota and 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 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 (if available):

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

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 _____