



PROFILE AND HOME STUDY RELEASE FORM

I (we) _____ (Name of Applicant) _____ (Name of Applicant), hereby authorize Lutheran Social Service of Minnesota (LSS) and/or Children’s Home Society (CH) to release a copy of my (our) Profile and Home Study for the purposes of advancing and/or completing my (our) adoption process to one or more of the following:

HARD COPY PROFILE AND ELECTRONIC PROFILE:

_____ (initials) Agencies/Attorneys within the state of Minnesota

_____ (initials) Agencies/Attorneys outside the state of Minnesota

_____ (initials) Prospective Birth Parents

ONLINE PROFILE:

CHLSS will display information about us on the CHLSS website for the purpose of moving our adoption process forward. We understand that the information posted online will be provided by us, and that we can choose to remove our information from the web site at any time if we desire. I/We Authorize CHLSS to update our information on their web site as follows:

- I (we) authorize CHLSS to post our status when matched with birth parent (s).
- I (we) authorize CHLSS to post our status when we have received placement and legal risk has ended.

We understand if we make any significant changes to our openness or openness to different cultures, we need to discuss this with our adoption worker and some changes may require additional assessment with our social worker and/or changes to the homestudy.

HOMESTUDY:

_____ (initials) I We/hereby authorize LSS to allow prospective birthparents to view a copy, in paper or electronic form, of my (our) Adoption Home Study Assessment. This will be completed only in the presence of CHLSS staff and will be for the purposes of advancing and/or completing my (our) adoption process with prospective birthparents who are current clients of CHLSS. MN Department of Human Services defines the Home Study to include: Adoption Application, Individual Fact Sheets, Home Study Checklist, Home Study Assessment and any Home Study updates.

I (we) understand that this consent may be revoked, at any time, except to the extent that action will have been taken on information prior to the revocation of my consent. I (we) will not hold CHLSS responsible for the results following the release of this information. I (we) understand that records are protected under State and Federal confidentiality regulations. I (we) understand that information at CHLSS is limited to staff whose work assignments reasonably require access to my (our) data within the purpose specified in the services provided.

This consent is valid for one year from the date of signature. Please sign both copies. Return one (1) copy to your CHLSS adoption worker and keep one copy for your records

Applicant Signature

Date

Applicant Signature

Date



**Children's
Home Society**
of Minnesota



**Lutheran
Social Service**
of Minnesota

SOCIAL MEDIA/OUTREACH RELEASE FORM

I (we) _____, hereby authorize
(name of applicant) *(name of co-applicant)*

Lutheran Social Service (LSS) of Minnesota and Children's Home Society (CH) to display information about us on CHLSS managed social media sites (i.e. Facebook, Twitter, YouTube, Pinterest, Blogs etc.) for the purpose of sharing information about our family and our adoption process. I/We understand that if this information is released, it will become public information and may subsequently be reproduced, printed or released by other agencies, individuals or organizations. I also understand that I may revoke this consent at any time unless the information has already been released. I also understand that I will not receive payment for the use of this information.

_____ *(initials)* I authorize the display of my information described above on **all** CHLSS Social Media Sites.

OR

_____ *(initials)* I authorize the display of my information described above on the CHLSS Facebook Pages **only**.

_____ *(initials)* I intend to include my adoption worker's and/or agency contact information on my outreach materials. Therefore, I authorize Lutheran Social Service/ Children's Home Society to verify my status as a client with their agency if contacted by any individual inquiring about my family.

My signature on this form amounts to a waiver of any claim I might have against Children's Home Society and Lutheran Social Service of Minnesota and its employees due to the release of this information. I/We understand that my/our individual file(s) is 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 or judicial action.) I/We understand that information at Children's Home Society and Lutheran Social Service of Minnesota is limited to staff whose work assignments reasonably require access to my/our individual file to provide me/us with appropriate services. This authorization meets requirements of the Privacy and Security standards of the Health Insurance Portability and Accountability Act.

I (we) understand that this consent may be revoked, at any time, except to the extent that action will have been taken on information prior to the revocation of my consent. I (we) will not hold CHLSS responsible for the results following the release of this information. I (we) understand that records are protected under State and Federal confidentiality regulations.

This consent is valid for one year from the date of signature.

Applicant Signature

Date

Applicant Signature

Date

Please keep a copy for your records.