

## International Post Adoption Services | Korea Service Descriptions

Important: CH/LSS and our Korean partnership agencies receive heightened service requests over the summer months, and you may experience a longer wait time for your case to be assigned. Thank you for your understanding.

### A \$35 Registration Fee is due at time of service request

*Additional forms specific to your Korean agency will be required. Your post adoption worker will provide them to you.*

#### Birth Family Search - Korean and U.S. File Review are included

*\*See age restrictions below*

*If you are unsure about proceeding with a search, consider starting with a file review.*

An adopted adult, age 19+ or parents of adopted minors (13+) can initiate a search for birth parents. Prior to starting your search, 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. Correspondence (through email) will be exchanged at no extra cost up to 1 year from the time of first contact with birth mother or father (translation available through volunteer translators).

*Correspondence fees (page 2) apply after 1<sup>st</sup> year of letter exchange.*

.....\$350  
Use "Domestic" Search Service Request when *all parties live in US* and Korean agency is not involved.....Domestic Service fees apply

#### US and/or Korean file review and other special requests

*\*See age restrictions below*

An adopted adult, age 19+ or parents of adopted minors (age 13+) can request that their US and/or Korean agency adoption file be checked for updates. If you are conducting a birth family search or traveling to Korea this service is **included** in the search or travel fee. A post adoption worker will facilitate the exchange of any available medical information known at the time of placement. Information obtained is exchanged through emails and/or phone calls between Korean agencies, CH/LSS post adoption worker and adopted adult/parent of adopted minor.

Korean and US file Review .....\$65  
US file review only.....\$25

#### Brief Service

Initiate contact & exchange letters with foster parent (first year of email correspondence is included) .....\$65

#### Travel Support/In-Country Meetings

*No travel service requests can be accepted less than 15 days before travel.*

*\*See age restrictions below*

**Note: We recommend you carry a copy of your Certificate of Citizenship (COC) in addition to your passport while traveling.**

These services are available to individuals or families visiting Korea.

- **Standard Travel Support Services:**

- Arrange for you to stay at your Korean adoption agency guesthouse, if open and there is vacancy (daily rates set by agency apply)
- Coordinate a tour of your Korean adoption agency and baby home (if connected to your Korean agency)
- Arrange a meeting with agency social worker to review your adoption file at the Korean agency
- Schedule a meeting with your located birth and/or foster family if available.

.....\$200 per adoptee

.....Rush Services (request made 15- 30 days before travel): additional \$150 fee per family

- **Tour Korea!** If you are interested in traveling with other adoptees and adoptive families in a guided tour experience, consider *Tour Korea!* Information about our travel package is available at: [chlss.org/tourkorea/](http://chlss.org/tourkorea/).

## Correspondence\*\* with Located Foster Family or Birth Family

### Initial Correspondence

Birth Family - A Search is required before initiating correspondence to a birth mother or father. *The first year of email correspondence (letters and photos) is included in the cost of a Search.*

Foster Family – A Brief Service is required to initiate correspondence to the foster family.

Correspondence with foster families is only possible if the Korean agency has contact with them. Unfortunately, Korean law prevents agencies from conducting a search for foster families. However, many foster families maintain contact with the agencies even after retirement. *The first year of email correspondence (letters and photos) is included in the cost of a Brief Service.*

### Ongoing correspondence (after first year) to located foster or birth family:

Email/electronic correspondence - per letter .....	\$15
Gifts or photos via air mail - per parcel .....	\$40
Extra fees may apply for heavy/large parcels	
Correspondence that we receive FROM Korea (from foster or birth family).....	included in above fees

*\*\*All correspondence must be translated prior to forwarding to clients. Clients receive both the English and Korean version of letter.*  
Professional and volunteer translation is available. Discuss your options with your post adoption worker.

PRIVACY is important! Signed consent (annually) is required to send identifying information to any individual. Please understand that if you include photos/letters that include last names or unique first names and/or any identifying information of yourself, your friends or relatives, you must include a Release of Information (signed consent) from each individual. **The Client Authorization to Use or Disclose Private Information is found on page 7 for your convenience.**

Letters and photos should not exceed size of 8x10. Gift items should fit in a box no larger than a shoe box. Unfortunately, Korean agencies (and CH/LSS) are not able to store gifts that cannot be forwarded to intended recipients and do not fit in a file. Items will be returned.

### AGE RESTRICTIONS:

#### **The Korean agencies enforce minimum age requirements for an adoptee to initiate a File Review or Birth Family Search:**

- Eastern Social Welfare Society: 13 years of age (parent authorization required until adoptee turns 19)  
(Formerly Eastern Child Welfare Society)
- Korea Social Service and Holt: 18 years of age (parent authorization required until adoptee turns 19)
- Social Welfare Society: 13 years of age (parent authorization required until adoptee turns 19)

**Note about fees:** Children's Home Society and Lutheran Social Service cannot guarantee the outcomes of searches for birth family members or requests for correspondence. The established fees cover the staff time and expenses necessary to arrange the services, and are not refundable based on the outcomes of those services. Registration fees are non-refundable. Rescheduled travel services may accrue additional fees.

## Korea Post Adoption Services Agreement

*Please use one form per adoptee or adopted minor*

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

Check applicable box (who you are):

- Adopted adult  
 Adoptive parent/Guardian of minor

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**

Adoptee's Korean Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

U.S. Placing Agency:

- Children's Home Society  Lutheran Social Service  
 ASIA  Catholic Charities St. Paul – Minneapolis  
 Other: \_\_\_\_\_

Korean Placing Agency:

- Social Welfare Society (SWS)  Eastern Social Welfare Society (ESWS) (Formerly Eastern Child Welfare Society)  
 Holt  Korean Social Service (KSS)  
 Other: \_\_\_\_\_

#### **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)

**SERVICE(S) BEING REQUESTED** Check box(es) below

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

**The Korean agencies enforce minimum age requirements for an adoptee to initiate a File Review or Birth Family Search:**

- Eastern Social Welfare Society: 13 years of age (parent authorization required until adoptee turns 19)  
(Formerly Eastern Child Welfare Society)
- Korea Social Service and Holt: 18 years of age (parent authorization required until adoptee turns 19)
- Social Welfare Society: 13 years of age (parent authorization required until adoptee turns 19)

- Travel Services..... \$200 *per adoptee*  
\*Includes Korean agency & baby home tour, Korean file review, and located birth and/or foster parent visit if available.

Travel Dates: \_\_\_\_\_

**Note – Please provide a copy of your Certificate of Citizenship (COC) at the time of travel. We recommend you carry a copy while travelling in addition to your passport.**

- Rush Travel Services (15-30 days prior to travel).....\$150 rush fee  
*No service request will be accepted less than 15 days before travel.*
- Birth Family Search (includes Korean & U.S. File Reviews) .....\$350
- Korean & U.S. File Review for updates/special requests. ....\$65  
*If you are unsure about proceeding with a search, consider starting with a file review*
- US Only File Review/special request .....\$25
- Brief Service/Initiate correspondence to foster family (includes first year of electronic correspondence).....\$65
- Electronic (email) Correspondence with Located \_\_\_ Birth Family and/or \_\_\_ Foster Family .....\$15
- Air Mail Correspondence with Located \_\_\_ Birth Family and/or \_\_\_ Foster Family.....\$40

Extra fees may apply for heavy/large parcels

**\*\* We cannot release letters and documents to you unless translated.**

**PAYMENT**

A \$35 registration fee is due at the time each service agreement is submitted, regardless of number of services requested. 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. 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 fees, please contact our Intake Specialist at 651-255-2371 or [pas@chlss.org](mailto:pas@chlss.org).

**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 \_\_\_\_\_



1605 Eustis Street  
Saint Paul, MN 55108

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

**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
  - ASIA
  - Other (specify): \_\_\_\_\_

**Lutheran Social Service—PAS**

- If the placing agency is:
- Lutheran Social Service
  - Catholic Charities

Internal Office Use: ASF \$ \_\_\_\_\_

**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:* 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 \_\_\_\_\_



1605 Eustis Street  
Saint Paul, MN 55108

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

## Intermediary Client Authorization to Use or Disclose Private Information Required at Time of Registration

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** the following **Intermediary Agency**: \_\_\_\_\_

Information regarding the adoptee (myself or my child) , \_\_\_\_\_, born on \_\_\_\_\_  
(Full name) (Date of Birth)

may be exchanged for the purpose of conducting post adoption services.

### Description of information to be disclosed:

Full name, address, email, letters, cards and post adoption history/information from adoption file.

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 \_\_\_\_\_

## 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 \_\_\_\_\_

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

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### **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.

<b>Client signature</b>	<b>Client signature</b>
<b>Print name</b>	<b>Print name</b>
<b>Date</b>	<b>Date</b>

## Things to Consider Before You Search Post Adoption Services

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### ***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](http://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.