

CHRISTIAN FAMILY SERVICES, INC.
Consent to Release of Confidential Information

Adoptive Parent(s): _____

Address: _____

City/State/Zip: _____

I/We hereby authorize Christian Family Services (CFS) to speak with/and or release to and/or receive from any party or parties any and all relevant information and documentation necessary for adoption. These parties may include, but are not limited to:

- My/our adoption placing agency, my/our attorney, healthcare providers, and grant and foundation providers;
- Citizenship and Immigration Services and other federal, state, local and county governments; and
- Any others who are involved in my/our adoption.

The kind of information that is requested and/or released may include, but is not limited to:

- Home study and supporting documents;
- Medical records/information;
- Counseling records/information;
- Legal documents; and/or
- Court records/information.

This consent is valid until post-placement home study reports and services for the child have been completed, or until such time as I/we, the adoptive parent(s), have stated in writing that I/we am/are no longer client(s) of Christian Family Services.

DO NOT SIGN BEFORE READING BELOW

CFS is hereby released from all legal responsibility or liability for the release of the above-mentioned disclosure of information. I/We understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken that was based on my/our consent, I/we may withdraw this consent at any time.

Further, I/we understand that this authorization, without prior revocation, will expire when my/our adoptive placement is made and services have ended, and /or are finalized. I/We understand that the information requested is necessary to enable CFS to assist me/us in meeting all the requirements of the adoption program. I/We further understand that CFS is obligated to ensure all requirements are satisfied until the adoption is finalized, and all post-placement home study reports are secured. If I/we are adopting a child through another adoption agency, I/we understand that Christian Family Services is obligated to ensure all requirements are satisfied until the adoption is finalized and all post-placement home study reports are secured, provided they have been notified of placement and/or our other agency's requirements.

Consent given by:

Male applicant (print name)

Female applicant (print name)

Signature

Signature

Date

Date