

CarolinaHope



CHRISTIAN ADOPTION AGENCY

SC License SR-4500-CPA • A Non-Profit 501(c)(3) Agency
1527 Wade Hampton Boulevard • Greenville, SC 29609
Phone: (864) 268-0570 • Fax: (864) 370-0036

Website: www.CarolinaHopeAdoption.org • E-mail: office@CarolinaHopeAdoption.org

Consent to Release of Confidential Information

Adoptive Parent(s): _____

Address: _____

City/State/Zip: _____

I/We hereby authorize **Carolina Hope Christian Adoption Agency**
1527 Wade Hampton Blvd
Greenville, SC 29609
(864) 268-0570
(864) 370-0036 (fax)

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 home study agency, my/our attorney, healthcare providers, and grant and foundation providers;
- agencies that I/we have worked with in the past for the purpose of adopting, whether or not a successful adoption took place;
- agencies that I/we have worked with in the past for the purpose of receiving an adoption home study, whether or not a home study report was issued;
- Citizenship and Immigration Services and other federal, state, local, and county governments; and
- foreign officials, facilitators, and others who are involved in my/our adoption overseas.

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,
- details from conversations/correspondence,
- 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 Carolina Hope's client(s).

HIPAA DISCLOSURE

HIPAA (the Health Insurance Portability and Accountability Act of 1996) provides national standards to protect the privacy of personal health information.

I/We further authorize the release of complete unaltered copies of any and all of my/our health, medical, financial information and/or any information and/or records as defined in 45 CFR §164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462

Please sign initials

as protected private records or otherwise covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. I/We understand that the information contained in my/our health and medical records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, treatment for alcohol and/or drug abuse and/or addiction. I/We further understand that I/We may have access to and/or receive an accounting of the information to be used or disclosed as provided in 45 CFR §164.524, et seq. I/We further understand that authorizing the disclosure of this health information is voluntary and that I/we can refuse to sign this authorization. I/we further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I/we forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. The HIPAA regulations are available online in their entirety at <http://www.hhs.gov/ocr/hipaa/>.

DO NOT SIGN BEFORE READING BELOW

Carolina Hope Christian Adoption Agency is hereby released from all legal responsibility or liability for the release or receiving 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 Carolina Hope to assist me/us in meeting all of the requirements of the adoption program. I/We further understand that Carolina Hope is obligated to ensure all requirements are satisfied until the adoption is finalized and all post-placement home study reports are secured.

Consent given by:

(Signature) Prospective Adoptive Father

Date

(Signature) Prospective Adoptive Mother

Date

Agency Representative signature:

(Signature) Agency Representative

Date

Please initial both pages of this “Consent to Release of Confidential Information” (if a married couple, both should initial), sign and date the second page, copy the document for your records, and send the original document to Carolina Hope Christian Adoption Agency. Thank you.

Please sign initials