



FAMILYtoFAMILY
A D O P T I O N S

Authorizations and Confidentiality

I, _____, that it is my/our intention to place my/our child expected to be born on or about _____ with Family to Family Adoptions, Inc. or an adopting couple yet to be selected. I agree to sign all necessary and required documents for adoption in furtherance thereof, and to otherwise cooperate in the completion of the adoption. I agree that I am working exclusively with Family to Family Adoptions, Inc.

Birth Mother Signature Date Birth Father Signature Date

Privacy and Confidentiality

I/we, the birthparent(s) of a baby to be born on _____, acknowledge that we have the right to privacy and confidentiality. I/we understand that it is important to the adoptive parent(s) I/we have chosen to have all of the background information possible concerning health and family heritage of both birth parents if possible. I/We acknowledge that Family to Family Adoptions, Inc. will not give my/our address and other identifying information to a prospective adoptive family with out my/our permission. I/We authorize Family to Family Adoptions, Inc. to speak and release information, with out breaking confidentiality, to my doctor, my hospital staff, my adoptive family, other adoption agencies, and other professionals as needed on my behalf.

Birth Mother Signature Date Birth Father Signature Date

Counseling

I understand that I have a right to counseling while working with Family to Family Adoptions, Inc. Both pre-natal and post-natal may be arranged for me. It is my responsibility to let my counselor know that I am requesting counseling. Please arrange for counseling for me:

- ____ Near my home with _____
- ____ With Fam2Fam LMSW-ACP
- ____ Other _____

Birth Mother Signature Date Birth Father Signature Date