



FAMILYtoFAMILY
A D O P T I O N S

RIGHTS AND DISCLOSURE FORM

- _____ I understand that I am giving my permission to have Family to Family Adoptions, Inc. speak without breaking confidentiality to my doctor, my hospital, my adoptive family I have chosen, a former adoption agency and other professionals as needed on my behalf.
- _____ I understand that I am giving Family to Family Adoptions, Inc. permission to share de-identified copies of my birth mother questionnaire and medical records with the adoptive family chosen by me or the agency.
- _____ I understand that I am working exclusively with Family to Family Adoptions, Inc. to place my child with the family that I have chosen or, when requested by me, the family that the agency has chosen.
- _____ I understand and have signed a 'Birth Parent Rights' form which has informed me that I have a right to change my mind prior to placement. If I want to continue with placement after the birth of my child, I will be required to sign relinquishment papers as applicable by law in the state that I reside.
- _____ I acknowledge that I have rights of privacy and confidentiality regarding my decision to place my baby for adoption with Family to Family Adoptions, Inc. Therefore, I understand that these rights of confidentiality and privacy will be extended to me and my family during my association with Family to Family Adoptions, Inc.
- _____ I acknowledge that I have a right to be treated with respect, courtesy and caring as an individual during my association with Family to Family Adoptions, Inc. It is my obligation to inform Family to Family Adoptions regarding incidences when expected needs are not being met. I acknowledge that I am required to treat agency staff, other birth mothers and any professionals associated with my adoption plan with respect and courtesy during my association with Family to Family Adoptions, Inc.

Signature _____ date

Agency Staff _____ date