



INTERNATIONAL CHRISTIAN ADOPTIONS

A Voice of HOPE for Children Worldwide

International Post-Adoption Services Service Descriptions

Document Copies, Checking for Updates, and other Special Requests

Birth parents, adoptive parents, adopted adults, or other family members are able to request that their local agency file be checked for updates or requests for contact from other individuals connected to the adoption. Requests for allowable file copies and specific requests, such as information about naturalization or paternity status, are also honored.

.....Brief Service Requests: \$45

Obtaining a Notarized Birth Certificate

For help obtaining a birth certificate please contact _____. Additional fees for this service may vary depending on notary fees, location of the notary, and the number of copies requested.

.....Birth Certificate Requests: \$45
+ costs accrued by the in-country representative (billed later)

Arranging an Orphanage Visit

Adopted adults and parents of adopted minors can request that the agency facilitate a visit to their country orphanage. The social worker will provide pre-travel counseling and support, will communicate with our in-country representative to arrange the visit, and discuss with families what they can expect during their visit. Rush fees will apply to requests made within 15-30 days of travel; no new requests will be accepted within two weeks of travel.

.....Orphanage Visit: \$200
+ costs accrued by the in-country representative (billed later)

.....Rush Request (within 15-30 days of travel): Additional \$100

Assistance with N-600
call our office so we may assist.

.....Orphanage Visit: \$200
+ costs accrued by the in-country representative (billed later)

NOTE about fees: ICA cannot guarantee the outcomes of requests for orphanage visits. 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.

Request for Post-Adoption Services

YOUR INFORMATION

Check applicable box (who you are):

- ☐ Adopted adult ☐ Child of adopted adult
☐ Adoptive parent ☐ Relative: _____

Name: _____

(Last) (First) (Middle)

Date of Birth: _____ Address: _____

Home Phone: _____

☐ 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's Information:

Child's Name at Birth:

(Last) (First) (Middle)

Name Given by the Adoptive Parents:

(Last) (First) (Middle)

Date of Birth: _____ Date of Adoption: _____

Adoptive Family's Information:

Both Parent's Name: _____
(Last) (First)(First) (Middle)(Middle)

Birth Parents' Information:

Birth Mother's Name (at the time of the child's birth):

(Last) (First) (Middle)

Birth Date: _____

Birth Father's Name:

(Last) (First) (Middle)

Birth Date: _____

SERVICES BEING REQUESTED**Check box next to desired service(s):**

- ☐ INTERNATIONAL REQUEST
- ☐ Document Copies.....\$45
- ☐ Notarized Birth Certificate\$45
- *Notary and travel fees will be billed to the client as they accrue**
- ☐ Orphanage Visit\$200
- *In-country fees will be billed to the client as they accrue**
- ☐ Rush Travel Services (15-30 days of travel).....\$150 additional fee
- ☐ DOMESTIC REQUEST

PAYMENT

To Pay by Credit Card call us and submit paper work. Other forms of payment attach to paperwork and send to us.

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

You have the following rights as a client of ICA:

1. To be treated with dignity and respect.
2. To fair and equitable treatment including receiving ICA 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 IC contact.
4. To competent and caring assistance from a ICA staff member.
5. To participate in all service decisions and to be provided with sufficient information to make informed choices about ICA 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 State 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 ICA:

1. To be open and honest.
2. **To keep us updated on your current contact information and preferred methods of contact.**
3. To understand what you sign.
4. To treat all ICA 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 ICA, 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 ICA staff member involved as soon as possible after the grievance arises.
 - If this does not resolve the grievance, ask to speak directly to the ICA staff member's supervisor.
 - If this does not resolve the grievance, put the grievance in writing and submit it to the supervisor or any ICA 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 ICA. 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 ICA will have access to your data and others outside of ICA 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 ICA, you will be provided with a copy.
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 some State 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 ICA 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 some state laws.)
- 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 that feels he or she has been treated inappropriately by a ICA employee must report the complaint to ICA pursuant to ICA'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 signature acknowledging receipt of this notice will be put in my/our file at ICA.

Client Signature

Client Signature

Print Name

Print Name

Date

Date

Domestic Post-Adoption Services Descriptions

Search & Outreach

We conduct searches on behalf of adopted adults (age 19 or older), birth parents, or adoptive parents who are seeking updated social/medical history or contact with one another. We can search for, or on behalf of, birth parents named on the original record or adjudicated in a court of law. As part of this process, we facilitate the exchange of genetic/medical information and provide support to all individuals involved in the search process: those who are initiating the search, as well as those whom we contact. Once the other party is found, your social worker can act as an intermediary with ongoing communication in order to support the developing relationship, maintain confidentiality as desired, or to address challenges as they arise.

The searcher uses a variety of methods to confidentially and respectfully search for the parties you wish to contact. Prior to your search starting, your social 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.

If you are seeking updated medical information only, and do not want facilitated contact, we will reach for updates at a reduced search fee. This reduced fee search service also covers death record searches for clients who have not previously used our search & outreach services.

.....Full Search & Contact: \$750
Outreach for Medical Updates: \$400

Non-Identifying Background Information

Adopted adults and/or adoptive parents of a child under 19 may request a report detailing the social and medical background of adopted person's birth family. This report is compiled from information in the file at the time the report is requested. The file may contain the original medical history, physical descriptions, ethnic background, religious background, schooling, talents and hobbies. It may also include information about the nature of the birth parents' relationship and decision-making regarding the adoption.

Please note: Clients may add a Non-Identifying Background Report to their Search & Outreach services for a reduced rate if requested at the same time.

.....Non-Identifying Background Report: \$125
Background Report plus Search & Outreach: \$100 + search fee

Brief Services

Document Copies, Checking for Updates, and other Special Requests

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.....Brief Service Requests: \$45

SERVICES BEING REQUESTED

Check box next to desired service(s):

DOMESTIC REQUEST

- ☐ Background Report plus Search & Outreach.....\$100 + search fee
*Specify search options below to determine search fee; only one registration fee is required
- ☐ Search & Outreach
- ☐ Full Search & Contact..... \$750
- ☐ Outreach for Medical Updates\$400
- I would like to search for** _____
(Birth mother, Birth sibling, Birth Father, Adopted adult, etc.)
- ☐ Background Report\$125
- ☐ Brief Service Request (Specify below).....\$45
- ☐ Document Copies (restrictions apply): _____
- ☐ Other Special Request (please specify): _____