Authorization for Release of Information

Adoption Home Study Process

Agency: Tennessee Adoption Home Study Services LLC

Applicant Name(s): _____

Date(s) of Birth: _____

Address: _____

Phone: _____ Email: _____

Purpose

We, the undersigned, are applicants seeking an adoption home study through Tennessee Adoption Home Study Services. As part of the adoption home study process, the agency must gather information from various sources in order to evaluate our suitability to adopt and to prepare a written home study report consistent with adoption laws and professional standards.

Authorization

We hereby authorize any physician, medical provider, therapist, counselor, psychologist, psychiatrist, social worker, adoption agency, child welfare agency, employer, school official, childcare provider, law enforcement agency, government agency, reference, or other professional or organization with knowledge of our background or circumstances to release information to Tennessee Adoption Home Study Services for the purpose of completing our adoption home study.

Information That May Be Released

This authorization permits the disclosure of information including, but not limited to:

- Physical and mental health information relevant to adoption
- Medical records and provider statements
- Employment verification or history
- Character references and background information
- Educational records
- Child welfare records or prior adoption records

- Criminal background information where permitted by law
- Any other information reasonably related to the evaluation of adoptive applicants

HIPAA Authorization

To the extent that any requested information constitutes protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), we specifically authorize its release to Tennessee Adoption Home Study Services for the purpose of completing our adoption home study. We understand that this information will be used only for adoption-related evaluation and documentation.

Method of Release

Information may be released by written statement, completed forms, electronic communication, fax, telephone confirmation, or copies of records.

Confidentiality

Information obtained through this authorization will be used solely for the preparation of our adoption home study and related adoption documentation. The agency will maintain this information in accordance with applicable confidentiality laws and professional standards.

Time Period

This authorization becomes effective on the date signed and shall remain valid from the time of application until the adoption home study has been completed and approved, unless revoked earlier in writing.

Revocation

We understand that we may revoke this authorization at any time by providing written notice to Tennessee Adoption Home Study Services. However, revocation will not apply to information already released or actions already taken in reliance upon this authorization.

Release of Liability

We release and hold harmless any individual or organization that provides information in good faith pursuant to this authorization from any liability arising from the disclosure of such information for the purposes described above.

Copy of Authorization

A photocopy, scanned copy, or electronic copy of this authorization shall be considered as valid as the original.

Acknowledgment

By signing below, we acknowledge that we have read and understand this authorization and voluntarily consent to the release of the above information.

Applicant Signature: _____

Printed Name: _____

Date: _____

Applicant Signature: _____

Printed Name: _____

Date: _____

Agency Representative: _____

Date: _____