

## Consent for Disclosure of Client Information

This information is to be released from records whose confidentiality is protected by Federal law regarding right to privacy, which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information will not be sufficient for this purpose.

Ohala' Adoptions has permission to disperse client information relevant to the approval of a client as an adoptive parent and for the placement of a child for adoption to; Department of Health & Social Services, Child Protective Services Unit, the legal representative of the agency and/or Guam courts. These organizations may in turn share this information with one another as needed to facilitate and finalize an adoption.

Name of Client(s): \_\_\_\_\_

Extent or nature of information to be disclosed includes: FBI background check, police and court clearances, drivers licenses, medical information, birth and marriage certificates, financial reports, employment verification, home study report, and personal letters of reference.

<p>_____ Signature of Client/Guardian/Parent and Date</p> <p>_____ Signature of Client/Guardian/Parent and Date</p>	<p>_____ Signature of Ohala Representative</p> <p>Date: _____</p>
<p>I HEREBY REVOKE CONSENT FOR DISCLOSURE OF THE INFORMATION TO THE PERSON OR ORGANIZATION ABOVE AS OF THE DATE LISTED BELOW:</p> <p>_____ Signature of Client/Guardian/Parent</p> <p>_____ Date:</p>	

Ohala' Adoptions - 122 Concepcion Rd, Barrigada, GU 96913 - [contact@OhalaAdoptions.org](mailto:contact@OhalaAdoptions.org)

