

**Authorization for Exchange or Release of Information**

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

With Hope and Love Adoption Agency, Inc. has my permission to obtain or provide written and/or verbal information as is necessary to complete the adoption process.

I understand the contents to be released / obtained, the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information including but not limited to the Health Insurance Portability and Accountability Act ("HIPAA") and its enforcement regulations. I understand that this consent is truly voluntary and is valid until the 1<sup>st</sup> day of \_\_\_\_\_, 20\_\_ (date not to exceed one year from today). I also understand that I may withdraw this consent at any time except to the extent that information has already been received or obtained.

\_\_\_\_\_  
*Adoptive Mother*                                      *Date*                                      \_\_\_\_\_                                      \_\_\_\_\_  
*Adoptive Father*                                      *Date*

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the state of \_\_\_\_\_ hereby certify that \_\_\_\_\_ have personally appeared before me and signed this document \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_