

**NOTICE OF CONFIDENTIALITY REQUIREMENTS
ACKNOWLEDGEMENT COVER SHEET**

Individuals shall not disclose protected health information, confidential, personal, or other sensitive information regarding children in the care of the Cabinet, or their family members, even after their association with the Cabinet ceases. State and federal law regarding protected health information, confidential, personal, or other sensitive information also applies OUTSIDE the foster or adoptive parent relationship and criminal or civil penalties, including fines and imprisonment, could apply.

Examples of protected health information include:

Treatment records for mental health issues and substance misuse
Hospital records
Diagnoses of medical or mental health conditions

Examples of confidential, personal, or sensitive information include:

Child protective services investigations
Juvenile court records
Voluntary or involuntary terminations of parental rights
Child support records

Failure to follow the confidentiality requirements could result in fines of up to \$250,000 and/or imprisonment for up to 10 years. As a prospective adoptive parent, I agree that should this referral not result in a finalized adoption, I will immediately return all documents received by me and/or my family to the Department for Community Based Services.

I acknowledge that I have received the attached information, which includes the presentation summary packet, if applicable, on child/children

_____ and understand that all information received on above child/children is to not be disclosed and shall be maintained confidentially.

I acknowledge that I have received and reviewed the attached information and that I understand the confidentiality requirements listed in this document.

Prospective adoptive parent signature Date

Prospective adoptive parent signature Date

I acknowledge that I have reviewed the confidentiality requirements with the individuals above.

DCBS staff signature Date