DPP-171A
R. 01/23
922 KAR 1:100

Verbal Exchange of Information Acknowledgment Form

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

I acknowledge that I have received verbal information regarding child/children

_____. This information is to be used in decision making regarding whether or not the child's presentation summary packet will be shared with the family at a later date. I understand that all information received on the above child/children is to not be disclosed and shall be maintained confidentially.

I acknowledge that I have received information verbally and that I understand the confidentiality requirements established in this document.

_____ _____
Inquiring adoptive parent signature Date Inquiring adoptive parent signature Date

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

_____
DCBS staff signature Date