



Date:

RE: (Client Name)

Subject: Consent to Disclose Pre and Post Adoption Information to Providers

Dear (Adoptive Parent);

On (current date), Early Steps was informed that your child, (child's name), was legally adopted on (date of adoption). Congratulations on the adoption of (child's name). Early Steps looks forward to assisting you as needed with (child's name) developmental needs.

To ensure continuity of services, Early Steps can notify your child's current providers of the adoption, name change and change in social security number, if applicable. Please check the appropriate statement:

I authorize Early Steps to disclose information regarding my child's adoption to ALL providers involved in his/her care. This will include my child's pre and post adoptive name and social security number, if applicable.

I authorize Early Steps to disclose this information ONLY to the following providers:

If you have any questions, you may contact your child's Early Steps Service Coordinator, (SC name) by calling (phone number).

Print your name, sign and date as indicated. Please return this form as soon as possible.

Parent Signature

Date

Printed Name _____