

Deaconess Pregnancy & Adoption Services, LLC

7101 NW Expressway, Suite 325 ♦ Oklahoma City, Oklahoma 73132 ♦ Phone: (405) 949-4200 ♦ Fax: (405) 720-8686
Website: www.deaconessadoption.org

We want to thank you for inquiring about our Research and Reunion Services. We consider it an honor to be able to serve you during this stage of your adoption journey.

This on-line information packet provides an explanation of all available services, the costs involved for each, and the necessary forms to initiate each process. Please read the document entitled *Research & Reunion Services*, following the steps outlined for each service to obtain the specific information or service you desire.

If you need financial assistance with any of the Search & Reunion Services, we may have grant funds available. Grants are awarded on the basis of the household's gross income. To be considered, please include a copy of your most recent tax return, a short letter explaining your situation, along with your Search & Reunion request. This gift is provided by donors that give to the Joseph Fund. If you would like to learn about the Joseph Fund, go to www.deaconessadoption.org, just click on the button titled "Help our mission" and then click on the moniker says "The Joseph Fund".

Due to the confidentiality guaranteed to our birth and adoptive families by our Agency and the Oklahoma State Statutes, we are restricted from releasing any identifying information from our files. However, we are able to provide certain non-identifying information, register you on our reunion registry, and contact your birth relative to set up a reunion if both parties are in agreement.

If you have additional questions, please do not hesitate to contact me by phone at (405) 949-4200 ext. 106 or by email at dcampbell@deaconessadoption.org.

Kind Regards,

Debbie Campbell
Search and Reunion Specialist

Top 10 Ways for a Happy Reunion and Relationship

Practical Advice for Reuniting Families

Linda Back McKay (author of Shadow Mothers: Stories of Adoption and Reunion)

1. **BE YOURSELF.** (Am I too fat? Will she think I'm dumb?) You are who you are and it's best not to worry about it. Know that you're a good person, be honest with yourself and others and above all, try to relax.
2. **BE RESOURCEFUL.** (What should I expect? What if she (he) hates me?) You may feel more in control of the possibilities by finding out how other families have handled reunions. In addition to my book, there is much information in the library and on the internet. It might be a good idea to seek out the advice of a professional counselor (familiar with adoption issues), too.
3. **BE RESPECTFUL.** (Why can't we all spend Christmas together?) Your new-found relatives have an entire history – which doesn't include you. It is important to respect their lifestyles and desires, just as they need to respect yours.
4. **BE SENSITIVE.** (Separated all these years – we must make up for lost time!) Be a good listener and try to be aware of how others are feeling. In the joy of getting to know one another, we need to remember that it's normal for adoptive parents to feel threatened, or at least uncertain. When I met my son, I wrote many letters to his adoptive parents. Those letters helped reassure them that they weren't going to lose their son. Keep in mind that adopted people are fiercely loyal to their adoptive families – and rightly so.
5. **BE PATIENT.** (I've known her for three weeks and she's never even hugged me.) Sometimes it takes years for people to bond. And sometimes people end up slowly drifting away from each other. Be patient with your relationship. Don't try to push, and don't hang back needlessly. Let things develop naturally. I've been reunited with my adult son for almost 12 years and we're still getting to know each other.
6. **TALK ABOUT IT.** (I wonder if she thinks I didn't want her. I wonder if she knows that I've always loved her.) Don't try to second guess anyone. The best way to find out what you want to know is to ask. Be open and honest.
7. **BE UNDERSTANDING.** (Why are they acting this way?) You may feel a bit like an emotional octopus – trying to understand everybody all at once. Don't forget, siblings, grandparents, everybody's relatives, friends and co-workers are all going to be influenced in some way by your reunion.
8. **ASK FOR HELP.** (I can't handle this.) The most courageous people I know are those who see a counselor or other mental health professional when things get rough.
9. **KEEP IT IN PERSPECTIVE.** (This is only part of who I am.) Especially at first, it's easy to make your reunion a central focus. Don't forget the other people and activities in your life. And rest assured, things will calm down with time.
10. **ENJOY YOUR LIFE.** (All in all, the world is pretty much okay, when we stop to think about it.) No matter how your reunion and relationship turn out, remember that you're in charge of your own happiness. What you do with your life is ultimately up to you.

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RESEARCH & REUNION SERVICES

We recognize that while some parties may have a strong desire to obtain identifying information, others may not. Please do not expect us to release information we are not able to share with you. Adoption records are confidential by law in Oklahoma, Title 21, O.S., 1981 s866 (4).

Description Sheet ~ Birth Family Social & Medical History:

The description sheet provides non-identifying information about both birth parents, such as age at time of birth, height, weight, hair color, eye color, etc. The social and medical history of the birth family is given at the time the child is placed for adoption. It contains any history that was available during that time period. To obtain this information, please complete and return the enclosed form titled *Consent for Release of Non-Identifying Information*. Please include copies of two forms of identification and a check or money order in the amount of \$50.00.

Birth Medical Records:

The medical records for the infant or the birth mothers may be available. These pertain only to those mothers and babies that were delivered at Deaconess Hospital. The records can only be released to the person that they belong to (i.e. the birth mother can only receive her records; the child placed for adoption can only receive his). To obtain this information, please complete and return the enclosed form titled *Consent for Release of Non-Identifying Information*. Please include copies of two forms of identification. There will be a charge of .50 per page.

Native American Roll Application:

The Agency will request the application for enrollment from the tribe and complete the form with all available confidential information. To obtain this information, please complete and return the enclosed form titled *Consent for Release of Non-Identifying Information*. Please include copies of two forms of identification and a check or money order in the amount of \$250.00.

Mutual Consent Registry/Waiver of Confidentiality:

The adoption reunion registry is a registry where an adoptee, birth parent or family member, age 18 or older, can register to have their name placed. If/when both the birth parent/adoptee/family members have sent in waivers, giving their consent, we will facilitate a reunion. To obtain this information, please complete and return the enclosed form titled *Waiver of Confidentiality*. Please include copies of two forms of identification and a check or money order in the amount of \$150.00.

Confidential Intermediary Search:

This is an actual search for the party you want to locate. The Agency acts as an intermediary and attempts to locate and contact your family member. There is no guarantee that the person you are searching for can be located. If the person is located, he/she must agree in writing to be contacted. If he/she does not agree, no identifying information can be released, according to Oklahoma Statutes. In the event that they do not agree to contact, we will attempt to obtain updated family Social and Medical History. To request the Confidential Intermediary Search, you must complete the enclosed form titled *Request for Confidential Intermediary Search*. Please include the form with copies two forms of identification and a check or money order in the amount of \$400.00. **This process can take up to six months.** If the fee for one search has been paid and a second search is requested, the fee is \$200.00.

Please note: Information will only be released to members of the adoption triad (birthparents, adoptive parents, or adoptee) and biological family members. If you are a biological relative of the child placed for adoption, you must have written, notarized consent from one of the birth parents who placed the child for adoption, and proof of relationship, before a search can be conducted.

All fees are non-refundable upon receipt by Deaconess Pregnancy & Adoption Services, LLC.

It takes approximately six to eight weeks for the records to be secured. Please allow sufficient time for a response before checking back with us.

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CONSENT FOR RELEASE OF NON-IDENTIFYING INFORMATION

By state law, you must be advised that:

The information authorized for release may include records which may indicate the presence of communicable or venereal disease which may include, but are not limited to diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as acquired immunodeficiency syndrome (AIDS).

I authorize and request Deaconess Pregnancy & Adoption Services, LLC and the physicians who treated me to release medical information including copies from the medical record of:

Requester's Full Name _____ Date of Birth _____ Social Security Number _____

Adoptive Parents' Names **(Adoptees)** _____ or _____
Name used at the time of birth **(Birth Parents)**

Street Address _____ City/State/Zip _____

Home Phone Number _____ Cell or Business Phone Number _____

Information requesting:

____ Description Sheet & Social and Health History - \$50.00

____ Birth Medical Information - .50 per page

____ Indian Enrollment Application - \$250.00 fee

I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

Deaconess Pregnancy & Adoption Services, LLC, its employees, officers and attending physicians, are released from legal responsibility for the release of the above requested information.

Signature _____

Please attach two of the following verifications of identity:

Date _____

- Birth Certificate
- Social Security Card
- Driver's License

State of _____)

County of _____)

Signed or attested before me on the _____ day of _____, 20____.

My Commission Expires:

Notary Public

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WAIVER OF CONFIDENTIALITY

Fee: \$150.00

This program recognizes that while some parties may have a strong desire to obtain identifying information, others may not. This program is voluntary for all participants and fully recognizes the right to privacy and confidentiality of all people involved.

I, _____, (adoptee, birthparent, relative), do hereby request and authorize Deaconess Pregnancy & Adoption Services, LLC to release confidential information in my records, including my present name and address to the following:

Birth parents Adoptee Son or Daughter Relatives

Your Name: _____

Address: _____

City/State/Zip: _____

Phone Number: Residence (____) _____

Business (____) _____

Email: _____

If known, please answer the following questions regarding the adoption.

Person you want to contact: _____

Your relationship to them: _____

Birth mother's name: _____ Alias: _____

Child's Name: _____ Child's Birth Date: _____

Adoptive Parent's Names: _____

I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. _____
Initials

I hereby release Deaconess Pregnancy and Adoption Services, LLC and its employees and agents from any liability or responsibility relating to or arising out of this program. _____
Initials

Signature

Date

STATE OF _____)

COUNTY OF _____)

Signed or attested before me on the _____ day of _____, 20____.

My Commission Expires:

Notary Public

Please attach two of the following verifications of identity:

Birth Certificate
Social Security Card
Driver's License

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REQUEST FOR CONFIDENTIAL INTERMEDIARY SEARCH Fee: \$400.00

This program recognizes that while some parties may have a strong desire to obtain identifying information, others may not. This program is voluntary for all participants and fully recognizes the right to privacy and confidentiality of all people involved.

Your Name: _____

Address: _____

City/State/Zip: _____

Phone Number: Residence (____) _____

Cell or Business (____) _____

Email: _____

If known, please answer the following questions regarding the adoption.

Person you want to contact: _____ Your relationship to this person: _____

Birth Mother's name: _____ Alias: _____

Child's Name: _____ Child's Birth Date: _____

Adoptive Parent's names: _____

I hereby request that Deaconess Pregnancy & Adoption Services, LLC (DPAS) conduct a confidential search for the above listed person.

I understand that there is no guarantee that the person I am seeking will be located. I understand that upon location, the person being sought will be informed about the provisions of the Agency's Reunion Registry and the Confidential Intermediary Search Program, and will be given forms and information to register. If the person I am searching for is contacted, and declines to give her/his consent, I understand that no identifying information will be released to me, according to Chapter 75 of the Oklahoma Adoption Code, Section 45. _____

Initials

I understand that no pressure to participate will be placed on the person I am seeking. I understand that I will not be entitled to a refund of fees in the event that the search is unsuccessful, the person contacted declines to register on the Reunion Registry, or for any other reason once payment has been made to DPAS. _____

Initials

I hereby release Deaconess Pregnancy & Adoption Services, LLC and its employees and agents from any liability or responsibility relating to or arising out of this program. _____

Initials

Signature

Date

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me on the _____ day of _____, 20____.

My Commission Expires:

Notary Public

Attach two of the following verifications of identity:

Birth Certificate
Social Security Card
Driver's License