

NOTICE

Your parental rights to your child have now been terminated.

Under Pennsylvania law, you have a right, now or at any time hereafter, to place on file with the Court and with the Department of Health certain personal information which may be made available to your child. YOU MAY FILE A CONSENT FORM GRANTING PERMISSION FOR THE COURT OF THE DEPARTMENT TO DISCLOSE THE INFORMATION CONTAINED IN YOUR CHILD'S ORIGINAL CERTIFICATE OF BIRTH, OR ANY OF YOUR IDENTIFYING INFORMATION AT ANY TIME AFTER YOUR CHILD ATTAINS THE AGE OF 18, OR, IF LESS THAN 18, TO HIS/HER ADOPTIVE PARENT OR LEGAL GUARDIAN. YOU SHALL BE ENTITLED TO UPDATE THOSE RECORDS, AS NECESSARY, TO REFLECT YOUR CURRENT ADDRESS OR ANY OTHER PERTINENT INFORMATION. THE INFORMATION MAY ONLY BE DISCLOSED UPON THE REQUEST OF YOUR CHILD OR HIS/HER ADOPTIVE PARENT OR LEGAL GUARDIAN. YOUR CONSENT MAY BE WITHDRAWN AT ANY TIME BY FILING A WITHDRAWAL OF CONSENT FORM WITH THE COURT AND THE DEPARTMENT OF HEALTH.

Information regarding the availability of consent forms may be obtained at the following offices:

Register of Wills Schuylkill
County Courthouse
401 North Second

St. Pottsville, PA. 17901

PA. Department of
Health Division of Vital
Records

P.O. Box 1528 New Castle, PA.
16103

Notice to Birth Parents Pennsylvania Adoption Medical History Registry

This is to inform you about an Adoption law provision relating to medical history information. As the birth parent of a Pennsylvania born child, who is being or was ever adopted in the past, you have the opportunity to voluntarily place on file medical history information. The information which you choose to provide could be important to your child's present and future medical care needs. The law makes it possible for you to file current medical information, but it also allows you to update the information as new medically related information becomes available. Requests to release the information will be honored if the request is submitted by a birth child 18 years of age or older. The law also permits that we honor requests for information as submitted by the adoptive parents or legal guardians of adoptees who are not yet 18 years of age. All information will be maintained and distributed in a manner that fully protects your right to privacy.

You may obtain the appropriate form for you to file medical history information by contacting the Adoption Medical History Registry. Registry staff are available to answer your questions. Please contact them at:

Department of Public Welfare
Adoption Medical History
Registry

Hillcrest, Second Floor

Post Office Box 2675

Harrisburg, Pennsylvania

17105-2675

Telephone 1-800-227-0225

Medical history information forms may also be obtained locally by contacting one of the following agencies:

1. County Children and Your Social Service Agency
2. Any private licensed adoption agency
3. Any County Court of Common Pleas