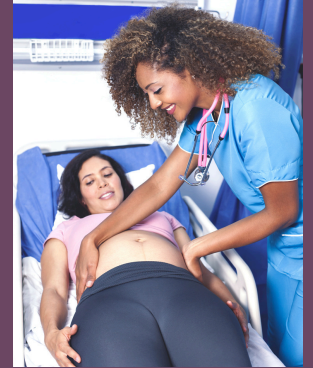


ADOPTION

GUIDE FOR INDIANA

HOSPITAL PROFESSIONALS



Prepared by

Tapestry  Adoption



WELCOME

Thank you for your dedication to supporting the health and well-being of individuals and families across Indiana. As professionals in healthcare, you play a vital role in moments of great joy and profound challenge. This Adoption Guide for Hospitals has been carefully crafted to empower you with the knowledge, skills, and sensitivity needed to provide compassionate and effective care to pregnant women choosing adoption.

Our goal is to equip you with a comprehensive understanding of the adoption process, alongside practical tools to navigate this unique aspect of maternal and neonatal care. By fostering empathy, clear communication, and informed decision-making, we can ensure these women feel respected, supported, and confident in their choices.

I encourage you to explore this guide thoughtfully, knowing that your work can have a profound impact on the lives of these women and their families. Thank you for your commitment to providing exceptional care during these critical moments.

Vicki Vibbert

Executive Director, Tapestry Adoption



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Adoption Guide for Indiana Hospital Professionals

The purpose of this guide is to equip healthcare professionals with the knowledge, skills, and sensitivity to effectively support pregnant women choosing adoption.

Healthcare professionals play a pivotal role in supporting expectant mothers who are considering adoption. This guide is designed to:

- **Emphasize the role of healthcare professionals in adoption-related decisions:** Healthcare teams, including doctors, nurses, social workers, and support staff, are often the first point of contact for expectant mothers exploring adoption. By providing accurate information and emotional support, they can help mothers make informed, empowered decisions without pressure or bias.
- **Promote non-judgmental, respectful, and patient-centered care:** Adoption is a deeply personal decision, often accompanied by complex emotions. Professionals must prioritize compassionate, unbiased care, focusing on the needs, values, and wishes of the expectant mother. This requires respectful communication, active listening, and a commitment to avoiding judgment or assumptions.



The Importance of Adoption Education in Healthcare:

Support expectant mothers during critical decision-making periods: Healthcare professionals are uniquely positioned to provide guidance during pregnancy, labor, and postpartum periods. Their ability to offer empathetic, well-informed support can significantly impact the mother's experience and confidence in her choice.

Align care practices with ethical and legal standards: Adoption involves legal requirements, ethical considerations, and potential emotional challenges for all involved. Education ensures that professionals:

- Understand the adoption process, including the rights of birth mothers.
- Facilitate smooth, legally compliant transitions for the mother, baby, and adoptive family.
- Avoid practices that could inadvertently pressure or mislead expectant mothers.

By equipping healthcare teams with the knowledge and tools needed for adoption-related care, this guide aims to foster a supportive, ethical, and patient-focused healthcare environment.

Preconceived Common Ideas/Feelings About Adoption

Understanding Common Concerns and Misconceptions:

- **Address societal stigma around “giving up” vs. “placing” a child:** Society often uses judgmental language like “giving up a child” to describe adoption, reinforcing negative stereotypes and stigma. In contrast, “placing a child for adoption” emphasizes the mother’s thoughtful decision to prioritize the child’s well-being. It is essential for hospital professionals to use and promote this respectful terminology to challenge stigma.
- **Dispel myths about adoption as abandonment or a lack of love:** Adoption is frequently misunderstood as an act of abandonment rather than a loving decision made in the child’s best interest. Educating healthcare professionals about the strength and care involved in this choice can foster more compassionate support for birth mothers.

Expectant Mothers’ Emotional Landscape:

- **Recognize feelings of guilt, grief, or relief:** Birth mothers often experience a wide range of emotions, from guilt or grief to relief and peace, depending on their personal circumstances and support systems. These feelings may fluctuate before, during, and after the adoption process. Hospital professionals should be prepared to acknowledge and validate these emotions without judgment.
- **Understand concerns about the baby’s future well-being:** Expectant mothers may worry about whether their child will be loved, nurtured, and provided for in their adoptive home. Reassuring them about the rigorous screening and support systems involved in adoption can help ease these concerns.

Hospital Professionals’ Biases and Assumptions:

- **Acknowledge implicit biases:** Healthcare professionals may unknowingly hold biases about adoption, such as viewing it as a “last resort” or making assumptions about the mother’s circumstances. Recognizing these biases is the first step toward providing equitable, unbiased care.
- **Prioritize neutrality and support in care delivery:** Professionals should create a safe space where expectant mothers feel respected and supported in making their own decisions. This requires active listening, empathy, and refraining from offering unsolicited opinions about adoption.

By addressing common misconceptions, understanding the emotional challenges faced by expectant mothers, and reflecting on personal biases, healthcare professionals can deliver more informed, sensitive, and supportive care to those navigating adoption decisions.



General Adoption Information

Overview of Adoption:

- **Legal and emotional processes of adoption:** Adoption is a structured process that transfers parental rights from birth parents to adoptive parents. In domestic infant adoption, the expectant mother voluntarily chooses to place her newborn with an adoptive family.
- **The process typically involves:**
 - Working with a licensed adoption agency to create an adoption plan, receive assistance, and to complete legal documentation throughout the adoption process.
 - Selecting and meeting an adoptive family (in the case of open adoption).
 - Finalizing adoption through a legal process, ensuring the child's best interests are protected.

Emotionally, this journey is often complex, involving grief, relief, and hope. Birth mothers should receive counseling and support throughout the process.

• Open vs. Closed Adoptions:

- Open Adoptions:
 - Benefits: Maintain a connection between the birth mother, child, and adoptive family. This can provide the birth mother with reassurance and allow the child to understand their origins.
 - Challenges: Requires clear boundaries and communication to avoid misunderstandings.
- Closed Adoptions:
 - Benefits: Offers privacy and closure for birth mothers who prefer distance.
 - Challenges: May lead to unresolved questions for the child and birth parents later in life.

Healthcare professionals should remain informed about both options to address mothers' preferences respectfully.

• Interstate Adoptions

- Adoptions that involve multiple states must comply with the Interstate Compact on the Placement of Children (ICPC). To ensure compliance, the adoption professional must submit the necessary documentation to the ICPC offices in both the sending and receiving states. The infant cannot be transported across state lines without the approval of both ICPC offices.
- The importance of the ICPC in hospital adoptions is that prospective adoptive parent(s) cannot leave the state with the infant without approval from both states' ICPC offices. If the adoption coordinator learns that the prospective adoptive parent(s) do not intend to comply with ICPC regulations, they must immediately contact _____ [Note: The appropriate contact will vary by hospital, and may include hospital administration, risk management, legal department, etc.].

General Adoption Information

Types of Adoption

- **Private Adoption:** Voluntary placements supported by agencies or attorneys.
 - Birth mothers typically have greater control over choosing adoptive parent(s) and the level of future contact.
 - This process often includes counseling and support provided by an agency.
 - Timeline: Generally faster than CPS/DCS adoption, contingent on legal and procedural requirements.
 - Emotional Implications: While birth mothers retain agency over their decision, the emotional weight of relinquishment may still be significant.
- **CPS/DCS Adoption:** Involuntary placements occur when children are removed from their biological families due to neglect or abuse, as determined by the Department of Child Services (DCS).
 - Birth parents have limited or no control over the process, and the court system oversees the child's placement.
 - Timeline: Lengthier and more complex, often involving foster care before adoption.
 - Emotional Implications: Birth parents may face feelings of powerlessness or resentment, which can differ from the voluntary relinquishment process in private adoptions.
- **Key Differences:**
 - Process: Private adoption is voluntary and driven by the birth mother, whereas CPS/DCS adoption is state-mandated due to safety concerns.
 - Timeline: Private adoptions are typically more streamlined, while CPS/DCS adoptions can take years.
 - Emotional Impact: Birth mothers in private adoptions retain agency, which can mitigate some emotional challenges. In CPS/DCS adoptions, the sense of loss may be compounded by a lack of control over the outcome.

By understanding these types of adoption and their nuances, healthcare professionals can better support expectant mothers as they navigate their options.

General Adoption Information

Birth Fathers

- The rights of a father in adoption cases depend on his relationship with the mother, ranging from a rapist, who has no rights, to a husband whose rights are equal to the mother's (provided he is the biological father of the child).
- A "legal" father is a man who is either married to the mother or has established paternity through a paternity affidavit or court action. A "putative" father refers to any other man. The parental rights of a man who has established paternity are equivalent to those of a husband who is the biological father of the child.
- In most cases, especially in a hospital setting, an infant cannot be adopted without the consent of a legal father. Therefore, it is crucial that hospital staff consult with the adoption professional before allowing any man in attendance at or after the birth to sign a paternity affidavit. Once a man signs a paternity affidavit, he gains the right to veto the adoption simply by withholding or being unavailable to provide consent. The birth mother may not fully understand the consequences of a putative father signing a paternity affidavit and later being unavailable to sign the consent.
- Indiana Code § 31-19-5-14 requires hospitals to display information about the Putative Father Registry administered by the State Department of Health (SDH). SDH provides posters that meet these legal requirements, and the poster must be prominently displayed in the hospital's OB, Birthing, or Family Life Center.



General Adoption Information

Safe Haven Laws

- Indiana's "Safe Haven Law," under Indiana Code § 31-34-2.5, allows a parent to anonymously surrender an infant, who is no more than 30 days old, to an "emergency medical services provider." This includes individuals such as firefighters, law enforcement officers, paramedics, emergency medical technicians, doctors, nurses, or others who provide emergency medical services. If an infant is left with an emergency medical services provider, the Department of Child Services (DCS) assumes custody, but is not obligated to locate or attempt to reunite the infant with their parents.
- As a last resort, a mother may choose to invoke the Safe Haven Law if she is unable to care for her infant and adoption is not an option. However, before suggesting this option, the adoption coordinator must thoroughly explore adoption with the mother and consult with an adoption professional. For guidance, the adoption coordinator may consult Tapestry Adoption, a licensed full-service adoption agency in Indiana to assess whether other alternatives are available to the mother before resorting to the Safe Haven Law.
- It is important to note that when a parent surrenders to Safe Haven, they lose the access to have counseling, financial assistance and ongoing communication with the child. A Safe Haven should be used only as a last resort after the mother is made aware of all of her options.



Hospital Policies and General Requirements

These proposed guidelines can serve as a comprehensive adoption policy for hospitals or as a valuable checklist to assess existing adoption policies. Hospitals are encouraged to follow their established procedures for policy implementation and seek legal review from their counsel before adopting these guidelines in whole or in part.

General Requirements:

01

It is important that the hospital maintains a neutral stance regarding adoption decisions made by mothers within the hospital setting. Hospital staff should neither discourage nor encourage adoption. However, should a mother choose to pursue adoption, the hospital will fully support her decision.

02

This policy does not preclude the "adoption coordinator" (defined below) from discussing adoption with patients who may potentially benefit from such a conversation.

03

To initiate a preliminary assessment of a patient's feelings regarding adoption, the adoption coordinator may inquire, "How do you feel about being pregnant" or "How do you feel about having a baby?" The patient's response will help determine if a more in-depth discussion about adoption is appropriate.

04

When a patient arrives at the hospital for delivery, regardless of adoption considerations, the hospital recognizes the well-being of both the mother and the infant as paramount. The hospital is committed to acting in the best interests of both patients.

05

Indiana recognizes two types of adoptions:

- Agency adoption. This is an adoption handled by a licensed child-placing agency such as Tapestry Adoption.
- Private/Independent adoption. This is an adoption which is not handled by a licensed child-placing agency.

06

For the purpose of these guidelines, whether the adoption will be an agency adoption or a private/independent adoption, the person making the arrangements for the adoption shall be referred to as the "adoption professional."

General Requirements (Continued):

07

The 'adoption coordinator' is the hospital staff member(s) primarily responsible for managing adoption-related arrangements within the hospital.

- This role may be fulfilled by various individuals, such as:
 - Social workers
 - Discharge planners
 - OB supervisors
- In some cases, multiple staff members may share these responsibilities.
- Hospitals should also designate backup coordinators to ensure coverage during weekends, holidays, and when the primary coordinator is unavailable.

08

With an adoption, the mother may sign one or more of the following documents:

- Consent to adoption. This document is used for both agency and private/independent adoptions. In Indiana, an adoption consent is legally binding and cannot be withdrawn
 - Irrevocability: In Indiana, an adoption consent is legally binding and cannot be withdrawn without a court order demonstrating it's in the child's best interests.
 - Pre-birth consents are invalid: Indiana law prohibits signing an adoption consent before the child's birth. Any such consent, and any court orders based on it, are invalid.
 - State variations: The revocability of adoption consents may differ in other states.
 - Hospital protocol: If the adoption coordinator discovers a pre-birth consent and subsequent court order, they must immediately notify the designated hospital contact (e.g., hospital administration, risk management).
- Consent to termination of parental rights. This document may only be used in an agency adoption.
 - Irrevocability: A properly executed consent to termination of parental rights is not revocable.
 - Pre-birth consents are invalid: Indiana law prohibits signing a consent to termination of parental rights before the child's birth.
 - Invalidity of orders: Any consent signed before birth, and any court orders based on it, are invalid.
 - Hospital protocol: If the adoption coordinator discovers a pre-birth consent to termination and subsequent court order, they must immediately notify the designated hospital contact (e.g., hospital administration, risk management).
- Relinquishment of custody. This document may only be used in an agency adoption.
 - Initial Relinquishment of Custody: This document authorizes the adoption agency to take custody of the infant upon hospital discharge.
 - Revocability of Relinquishment: This initial relinquishment of custody can be revoked by the mother at any time.
 - Subsequent Legal Steps: The adoption agency will later request the mother to sign either a consent to adoption or a consent to termination of parental rights.
 - Irrevocability of Legal Consents: Once the mother signs either a consent to adoption or a consent to termination of parental rights, her decision becomes final and cannot be reversed.

General Requirements (Continued):

09

With a private/independent adoption, the adoption professional must provide to the hospital a court order authorizing the discharge of the infant. The court order must include the following information:

- The name of the infant. "Infant Male-Female (mother's surname)" is sufficient.
- The name of the person to whom the infant is to be discharged. This may be either the adoption professional or the prospective adoptive parent(s), or both.
- A provision such as:

"IT IS, THEREFORE, CONSIDERED AND ORDERED that Petitioners shall have custody of the Child pending the entry of a final decree of adoption and that _____ (name of hospital), be, and it is hereby, permitted and authorized to release and discharge the Child to the custody of Petitioners, _____ and _____ (legal names of adoptive parent(s)) either directly or by and through their adoption professional, _____ (name of professional) all subject to the approval of the attending physician".

- The order must be certified and signed by the judge.
- A faxed copy of the court order shall be sufficient so long as the adoption professional agrees to promptly provide a "hard copy" of the court order.

10

- With an agency adoption, the birth mother must sign a relinquishment of custody form. The hospital must receive an original, signed copy of this form. If the agency does not provide a signed relinquishment of custody form, they must provide a valid court order. This court order must meet the same legal requirements as a court order in a private/independent adoption.

11

If an adoption agency provides a relinquishment of custody form to the hospital, that form must include the following:

- The mother's name.
- An express authorization from the mother that the hospital may release the infant to a representative of the adoption agency.
- A copy of the adoption agency's current license as a child-placing agency.
- A provision such as:

"I, _____ (name of Mother), hereby relinquish custody of my Child born on _____ into the custody of _____ (name of adoption agency).

Admission Protocols:

The adoption professional should contact the adoption coordinator at the hospital to inform the hospital that the mother is considering an adoption plan. The information which the adoption professional should provide is as follows:

- The mother's name.
- Estimated Date of Confinement.
- The name of her doctor.
- Her age.
- Whether or not she is married.
- Any special circumstances which may help the hospital be prepared for the adoption.

The adoption coordinator shall request that the adoption professional provides a confirming letter (often known as her birth plan) to the hospital covering:

- An overview of the arrangements.
- The financial arrangements.
- The mother's requests for her stay at the hospital (see [Birth Mother Request Form, Form 1](#)). If the adoption professional does not use such a form, the adoption coordinator should provide to the adoption professional a copy of the Birth Mother Request Form and request that the completed form be returned to the adoption coordinator prior to the mother's admission in labor.

The adoption coordinator shall notify the business office of the financial arrangements and provide a copy of the adoption professional's confirming letter, if possible.

Upon receipt of the completed Birth Mother Request Form, the adoption coordinator shall circulate a copy of the request form to labor and delivery to be included on the mother's chart upon her admission in the hospital.

The adoption coordinator shall inform the adoption professional of the hospital policies regarding adoptions which take place at the hospital including:

- A mother cannot sign an adoption consent within the first 24 hours after giving birth, except under the following conditions:
 - Mother's Request: The mother specifically requests to sign the consent sooner, after consulting with the adoption coordinator.
 - Informed Decision: The adoption coordinator confirms that the mother fully understands the implications of her decision.
 - Regardless of the mother's request, the earliest a consent to adoption can be signed is 12 hours after birth.
 - The adoption coordinator must document their conversation with the mother and her decision in the mother's medical record.
- For mothers who have undergone a Caesarean section, the waiting period before signing an adoption consent is at least 48 hours after birth. Exceptions:
 - The mother can request to sign sooner, after consulting with the adoption coordinator.
 - The adoption coordinator must confirm the mother fully understands the implications of her decision.
 - Regardless of the mother's request, the earliest a consent to adoption can be signed is 24 hours after birth.
 - The adoption coordinator must document their conversation with the mother and her decision in the mother's medical record.
- In order for the infant to be released to a person other than the mother or to a child-placing agency licensed in the State of Indiana, a court order authorizing release must be presented to the hospital at the time of discharge.
- The adoption professional or the prospective adoptive parent(s) will be expected to make appropriate financial arrangements with the business office prior to the discharge of the infant.
- The birth mother has the right to maintain contact with and care for the infant in the hospital until the hospital receives a custody order. With approval from the adoption professional or prospective adoptive parents, she may continue this contact and care until the infant is discharged. If the infant remains hospitalized beyond the birth mother's stay, the adoption coordinator must confirm with the adoption professional or prospective adoptive parent(s) whether the birth mother can return to visit after her discharge. Once the custody order is in place, any further contact or care by the birth mother must be approved by the adoption professional or prospective adoptive parent(s).

Labor and Birth Procedures:

01

Immediately upon admission, the adoption coordinator, or the charge nurse, shall have the mother sign an authorization to release medical information for herself and the infant (Forms 5a and 5b), unless the adoption professional has already supplied to the hospital the Hospital Request Form (Form 1). This is an essential requirement in order to comply with HIPAA Requirements.

- The mother's medical chart should include the release of information. Care must be taken to exclude any identifying details about the prospective adoptive parent(s), apart from their first names, as the mother will have indefinite access to her medical records.
- The release of information for the infant shall be placed on the infant's chart.

02

The adoption coordinator shall ask the mother if she is still considering an adoption plan for the infant.

- If she is not considering adoption, the adoption coordinator shall advise the appropriate hospital personnel and the adoption professional of the decision.
- If she is still considering adoption, the adoption coordinator shall:
 - Remind the appropriate hospital personnel of the birth plan and that they should try to accommodate her wishes as expressed in her Hospital Request Form (AKA birth plan) or otherwise expressed to the hospital to the extent reasonably possible;
 - Notify the adoption professional that the mother has been admitted in labor;
 - Place a photograph of a heart on the door to the mother's room to alert hospital staff of the adoption. [Note: A photograph of anything can be used as long as it does not reference adoption. For example, some hospitals will place a photo of a butterfly on the door of a patient whose child was stillborn.]

03

If the mother wishes for the adoptive parent(s) to be present during labor and delivery, she must sign the authorizations to release medical information for herself and the infant (Forms 5a and 5b), naming the prospective adoptive parent(s) as "Recipients" of protected health information. Additionally, the mother must sign the Attendance Request Authorization (Form 6).

- Once these forms are completed, the prospective adoptive parent(s) may be present during labor and delivery, and the nursing staff no longer needs to withhold the mother's identifying information from them. The adoptive parent(s) may also be provided with one of the infant's identification bands. This process eliminates the need for "rebanding" the infant—a practice some hospitals use to prevent disclosing the mother's identity to the adoptive parent(s).
- It is important to note that the mother retains the right to ask the adoptive parent(s) to leave the labor room at any time.

04

If the mother wishes for the prospective adoptive parent(s) to have contact with and care for the newborn in the hospital, she must sign the Infant Care Authorization (Form 3). This form may be completed either before or after the birth. Similar to the Attendance Request Form (Form 6), signing this form removes the need to maintain the confidentiality of the mother's information from the adoptive parent(s) and eliminates the necessity for "rebanding" the infant.

05

If the mother arrives at the hospital for delivery and expresses a desire to make an adoption plan for her infant without having made prior arrangements, the adoption coordinator should first discuss the mother's options for the infant to ensure she fully understands them. If, after this consultation, the mother wishes to proceed with exploring adoption, the adoption coordinator should provide her with a list of adoption professionals that includes at least one licensed adoption agency in Indiana.

- The adoption coordinator should only include professionals or agencies that maintain a place of business in Indiana and are licensed child-placing agencies. Tapestry Adoption meets all state and federal requirements as a licensed child-placing agency. It is not advisable to simply provide the mother with a phone directory or internet access to select a professional without guidance.

After Birth of Infant:

- At an appropriate time, the adoption coordinator should speak with the mother to confirm whether she is still considering an adoption plan for the infant and relay that information to the adoption professional.
- The adoption coordinator will work with the adoption professional to arrange for them to visit the hospital so the mother can sign the necessary adoption documents. It is not the adoption coordinator's responsibility to have the mother complete the required paperwork; this task must be handled directly by the adoption professional during their visit to the hospital.
- The adoption coordinator may witness or arrange for another hospital staff member to witness the signing of the appropriate documentation.
- The adoption coordinator shall have the mother sign a Discharge Authorization ([Form 2](#)).
- The adoption coordinator shall coordinate the arrangements for the discharge of the infant.
- If the adoption professional or prospective adoptive parent(s) requests that a male infant be circumcised, the mother shall sign a consent to circumcision. If the mother has elected not to know the sex of the infant, the circumcision consent form should be signed prior to the birth of the infant so as not to inadvertently disclose to the mother the infant's sex. The adoption professional or prospective adoptive parent(s) shall also sign a consent to circumcision. The infant is not to be circumcised until both the mother and the adoption professional or prospective adoptive parent(s) sign the consent to circumcision. However, if the hospital has been provided a court order giving the prospective adoptive parent(s) custody of the infant, the mother's consent is not necessary. A faxed copy of the adoption professional's consent to circumcision shall be sufficient.
- Medical information may be released to the adoption professional or prospective adoptive parent(s) as provided in the Release of Medical Information Section of these guidelines.



After Birth of Infant (Continued):

- After the birth of an infant born out of wedlock, the mother and a man who reasonably appears to be the infant's biological father must be given the opportunity to complete a paternity affidavit using the form provided by the State Board of Health. However, except in rare or extenuating circumstances, the paternity affidavit should not be signed until the man has executed either a consent to adoption or a consent to the termination of his parental rights with the adoption professional.
 - If the mother and the man wish to sign a paternity affidavit before the man has signed consent for adoption or termination of parental rights, the adoption coordinator must consult with the adoption professional. The coordinator should emphasize to both the mother and the man that the man must be available at the scheduled time to sign the necessary consent if adoption remains their plan for the infant.
 - This is a critical consideration because signing a paternity affidavit establishes the man as the infant's legal father, giving him the authority to block the adoption by refusing to provide consent. If the affidavit is signed and the man later refuses or is unavailable to sign a consent to adoption or termination of parental rights, the mother will be unable to proceed with her adoption plan. Therefore, a paternity affidavit should generally only be signed after the man has completed the appropriate consent to adoption or termination of parental rights.
 - A paternity affidavit is invalid if signed more than 72 hours after the infant's birth or after the mother has signed a consent to adoption and a petition to adopt the infant has been filed. A copy of the executed paternity affidavit must be provided to the adoption professional.
- Before the mother is discharged from the hospital, she must complete the necessary forms to have a birth certificate created for the infant. She may, but is not required to, use the name chosen by the prospective adoptive parent(s) for the infant. Once the adoption is finalized, a new birth certificate will be issued, listing the adoptive parent(s) as the child's parents. The name on the post-adoption birth certificate will be the one chosen by the adoptive parent(s).



After Birth of Infant (Continued):

- Until the hospital is presented with one of the following, all decisions regarding the infant's medical care in the hospital shall be made by the mother:
 - Order of custody.
 - Relinquishment of custody.
 - Authorization for Treatment signed in compliance with Indiana Health Care Consent Statute in which the mother specifically authorizes another person to make decisions about the medical care of the infant. (Form 4)
- Visitation between the prospective adoptive parent(s) and the infant in the hospital is at the discretion of the mother. If she agrees, the prospective adoptive parent(s) may visit with the mother and the infant, as well as provide care, feed, and have skin-to-skin contact with the infant. The mother may revoke this permission at any time.
- If the mother wishes for the prospective adoptive parent(s) to care for and feed the infant, the adoption coordinator will ensure the mother signs an Infant Care Authorization (Form 3). The mother's permission for the prospective adoptive parent(s) to visit, care for, and have skin-to-skin contact with the infant does not prevent her from doing the same.
- If the mother desires for the prospective adoptive parent(s) to stay overnight with the infant and space is available, they will be provided a room on the post-partum floor.
- In an adoption where the mother has signed a consent to adoption or a consent to termination of parental rights, if the mother is discharged from the hospital before the hospital receives an order of custody, the adoption coordinator must have the mother sign an Authorization for Treatment (Form 4).
- The purpose of the medical treatment authorization is that, unless the mother relinquishes custody to an agency, signing a consent to adoption or a consent to termination of parental rights only authorizes the court to issue an order granting the prospective adoptive parent(s) custody. Until the court issues this order, the mother retains legal custody of the child and remains responsible for making medical decisions. By signing the Authorization for Treatment form, the mother authorizes the adoption professional or the prospective adoptive parent(s), or both, to make medical decisions for the child during the interim period between signing the consent and the court's issuance of a custody order. This is particularly important if the mother is discharged before the infant and the infant will remain in the hospital for a longer period.
- If the mother does not sign the Authorization for Treatment, she remains responsible for all medical decisions for the child until the hospital is notified that the court has issued an order of custody.
- If the mother has no objection to the prospective adoptive parent(s) knowing her name, the adoption coordinator will have her sign the Authorization to Bill Insurance (Form 7) and submit the form to the hospital's billing office.



Discharge Policies:

- The adoption coordinator shall coordinate the arrangements for the discharge including:
 - Verifying that the infant's attending physician has discharged the infant.
 - Ensuring that the mother's wishes are fulfilled as much as possible. For example:
 - That she has been discharged before the infant.
 - That the infant is discharged before her, or
 - That she is present at the time of discharge.
 - That she be given any mementos from the birth, such as the crib card, the infant's hat, the infant's footprints, etc. If she does not wish to have these mementos, the adoption coordinator should give these items to the adoption professional to place in safekeeping for her should she request them at a later date.
- The infant cannot be discharged to anyone other than in accordance with standard hospital policy unless the hospital receives either a court order or a relinquishment of custody.
 - The adoption coordinator must ensure that the court order for discharge or the relinquishment of custody form includes the necessary provisions.
- Under Indiana Code § 31-19-9-2(b), a mother cannot sign a consent to adoption before the birth of the child. Any consent signed prior to birth is invalid, and any court order based on such an invalid consent is also void. If the adoption coordinator becomes aware that the mother signed a consent to adoption or consent to termination before the child's birth, and a court order was obtained based on that invalid consent, the adoption coordinator must immediately contact _____. [Note: The contact will vary by hospital but may include hospital administration, risk management, or the legal department, etc.]
- The adoption coordinator will verify the infant's identity by comparing the identification bands with the hospital chart.
- The adoption coordinator will also verify the identity of the individual listed in the court order for discharge or relinquishment of custody form by checking their photograph ID. A photocopy of the ID will be made and attached to the order of custody or relinquishment of custody form.
- A copy of the order of custody or relinquishment of custody will be placed in the infant's chart.
- The individual identified in the court order or relinquishment of custody form will sign the discharge authorization in the "receipt of custody" section, along with any other documents required by the hospital for the infant's discharge. This person may sign the discharge documents prior to the infant's discharge, meaning the adoption agency representative needs to be present at that time.
- The adoption coordinator will place the signed discharge authorization in the chart along with the order of custody or relinquishment of custody form.
- If the prospective adoptive parent(s) are present at discharge, they will receive the discharge instructions; otherwise, the adoption professional will be given the instructions.
- The adoption coordinator will ensure that any standard samples or gift packs provided to mothers who give birth at the hospital are given to the prospective adoptive parent(s) or the adoption professional.
- The prospective adoptive parent(s) or adoption professional may order photographs of the infant.
- The adoption coordinator will ensure that arrangements for the payment of hospital expenses are made according to the Billing Section of these guidelines.
- Assuming the appropriate HIPAA release has been signed by the mother, the adoption professional or the prospective adoptive parent(s) will receive a copy of the infant's available hospital records at the time of discharge. Since the doctor who will care for the infant after discharge is likely not the same as the one who cared for the infant during the hospital stay, providing these medical records ensures continuity of care.

Billing:

- The adoption coordinator will confirm with the adoption professional who is responsible for the medical expenses—whether it is the adoption professional, the prospective adoptive parent(s), or the mother—and will direct the appropriate party to the hospital's patient accounts office at the time of discharge. Typically, the adoption professional or the adoptive parent(s) are responsible for the medical expenses for the mother and infant, to the extent that those expenses are not covered by Medicaid or insurance.
- If the mother has Medicaid or private insurance, the hospital should bill those sources for her charges, unless the adoption professional or adoptive parent(s) have agreed to cover the medical expenses regardless of insurance, or if the mother prefers not to have Medicaid or her private insurance billed for confidentiality reasons, and the adoption professional or adoptive parent(s) agree to pay the expenses.
- If the mother has Medicaid, the hospital should ensure the infant is enrolled in Medicaid. According to the Program Policy Manual (PPM) published by the Indiana Family and Social Services Administration, if the birth mother has Medicaid or Hoosier Healthwise, the child is automatically eligible for a period of time, even if the child is adopted (see PPM 2225.10.00c and 2428.00.00d).
- If Medicaid or private insurance is not available, the patient accounts office will work with the person assuming responsibility for medical expenses to make payment arrangements prior to the infant's discharge. The responsible party will be offered the same payment options available to other patients without Medicaid or private insurance.
- Regardless of whether the infant will be covered by Medicaid, the hospital should bill the prospective adoptive parent(s)' private insurance for the infant's charges whenever possible, as Medicaid is always secondary. This means that private insurance must be billed first before Medicaid can cover any remaining balance. Neither the adoption professional nor the prospective adoptive parent(s) should be asked to guarantee payment, as this could affect the infant's eligibility for Medicaid coverage.
- Lastly, the individual responsible for medical expenses will need to sign any additional documents required by the hospital regarding financial responsibility, similar to the process for any other delivery.



Medical Records and Charting

- Upon presentation of a properly executed authorization to release medical information (Forms 5a and 5b), the hospital may release medical information for the mother, the infant, or both, to the individuals or entities authorized in the release form(s).
- The hospital's standard medical information release form, used for other purposes, may also be used for the release of medical information in adoption cases.
- As long as the following provisions are included, medical information may be released, even if the hospital's standard release form is not used:
 - Core Elements:
 - A clear description of the information to be disclosed, identifying it in a specific and meaningful way.
 - The name or other specific identification of the person(s) or group authorized to disclose the information.
 - The name or other specific identification of the person(s) or group to whom the information may be disclosed.
 - A description of the purpose of the disclosure. If the individual initiating the request does not provide a purpose, the statement "at the request of the individual" is sufficient.
 - An expiration date or event tied to the individual or purpose of the disclosure.
 - The signature and date of the individual. If a personal representative signs on behalf of the individual, the representative's authority must be described. The individual's address must also be included if they are located in Indiana.
 - Required Statements: In addition to the core elements, the authorization must include statements to inform the individual of the following:
 - The right to revoke the authorization in writing, along with exceptions to this right (e.g., reliance on a signed authorization) and instructions for revocation.
 - That the hospital cannot condition treatment or payment based on whether the individual signs the authorization.
 - That information disclosed under the authorization may be subject to redisclosure by the recipient and may no longer be protected under HIPAA.
- If the adoption professional requests the medical information and the medical chart has not yet been sent to the hospital's medical records department, the adoption coordinator or charge nurse may copy the requested information and provide it to the adoption professional, upon presentation of a properly executed release form. The release form should be copied and placed in the chart. This process is especially important in interstate adoptions. Without the hospital records, the adoption professional cannot proceed with compliance with the Interstate Compact on the Placement of Children (ICPC). Compliance with ICPC is necessary for the prospective adoptive parent(s) to return home with the infant, making timely access to medical records critical.
- It is not required to remove identifying information from the medical records before releasing them to the adoption professional. However, care should be taken not to include the prospective adoptive parent(s)' identifying information in the mother's records, other than their first names, as she will have access to those records indefinitely.
- The infant's chart should be clearly flagged as an adoption case. After the mother signs a consent to adoption, consent to termination, or relinquishment of custody, she should no longer have access to the infant's medical records. Information may only be released to the adoption professional upon presentation of a properly executed HIPAA release. Flagging the chart ensures that any future disclosures of information are properly managed.

Adoption for Hospital Professionals

Role-Specific Guidance

Social Workers: Assess Emotional Needs and Connect Birth Mothers with Resources and Mediate Communication Between All Parties

- Social workers play a critical role in understanding the emotional challenges faced by birth mothers and ensuring they have access to counseling, adoption education, and support services.
- Social workers act as liaisons between the birth mother, adoptive family, and the adoption agency. They facilitate clear, respectful communication while ensuring the mother's preferences are upheld.

Nursing Staff: Provide Empathetic Bedside Care, Avoid Stigmatizing Language, and Respect Boundaries

- Nurses are often the most consistent presence during labor and postpartum care. They should create a supportive environment by offering kindness, patience, and understanding throughout the process.
- Using neutral, respectful language is essential. For example, replace phrases like "giving up a child" with "placing a child for adoption." Nurses should also honor the birth mother's personal and emotional boundaries during this vulnerable time.

Physicians: Offer Unbiased Medical Advice and Mental Health Support

- Physicians should prioritize the physical and mental health of the birth mother, offering clear, evidence-based medical advice while avoiding judgments about her decision to place her child for adoption. They may also provide referrals for mental health services to support emotional well-being.

Other Staff: Maintain Confidentiality and Facilitate Logistics

- From administrative teams to support staff, all hospital personnel must protect the privacy of the birth mother and her child. Staff should also assist in ensuring smooth transitions by coordinating logistics such as documentation and facilitating the presence of adoption agency representatives or adoptive parents if requested.



This role-specific guidance ensures that all members of the healthcare team contribute to a respectful, supportive experience for birth mothers considering adoption.

Communication Best Practices

Respectful Language

- **Replace Terms Like “Giving Up a Child” with “Placing a Child for Adoption”:** Language matters in shaping perceptions and emotions. Using terms like “placing a child for adoption” reflects the thoughtful and loving decision many birth mothers make. Avoid phrases like “giving up” that may carry negative connotations or imply a lack of care.
- **Use People-First Language:** Employ terms like “birth mother” rather than “real mother” to emphasize respect and the unique role of each person in the adoption process. This approach acknowledges the dignity and humanity of everyone involved while avoiding language that might be perceived as judgmental or dismissive.

Building Trust

- **Engage in Active Listening Without Judgment:** Building trust begins with listening attentively to the birth mother’s concerns, emotions, and wishes without interjecting personal opinions or judgments. Validate her feelings and experiences to create a safe and supportive environment.
- **Share Information Clearly and Compassionately:** Present adoption-related information in a straightforward, compassionate manner, ensuring that the birth mother understands her options and the implications of her decisions. Offer resources and answer questions patiently, without rushing or pressuring.

Navigating Family Dynamics

- **Support Birth Mothers in Managing Family Input and Opinions:** Family members may have strong feelings or conflicting opinions about the adoption decision, which can add stress for the birth mother. Healthcare professionals should help by:
 - Offering resources or mediation to navigate family discussions.
 - Affirming the birth mother’s right to make decisions based on her values and circumstances.
 - Encouraging family members to support the mother’s choice, whatever it may be.



When discussing adoption, the words we choose and the way we communicate can significantly impact those involved. Building trust is essential in supporting birth mothers through this deeply personal process.

Prioritizing respectful language, fostering trust, and addressing family dynamics with care, hospital professionals can ensure a more positive and supportive experience for birth mothers considering adoption.

By providing information in a patient and supportive manner, we empower birth mothers to make informed choices without pressure or bias.

Ethical Considerations

Non-Coercive Counseling

- **Avoid Pressuring Mothers Into Specific Decisions:** Ethical care requires a commitment to neutrality. Healthcare professionals should refrain from steering mothers toward adoption or any other option. Instead, their role is to empower mothers by providing a safe space where they can explore their choices without feeling judged or coerced.
- **Provide Balanced Information About Parenting Resources and Alternatives:** Birth mothers have the right to understand all their options. Along with information about adoption, provide resources for parenting support, financial assistance, and childcare services. This ensures the mother can make an informed decision based on her unique circumstances and desires.

Cultural Sensitivity

- **Respect Diverse Beliefs About Adoption and Family Structures:** Adoption views can vary widely across cultures, with some placing a strong emphasis on biological family bonds or community-based child-rearing. Healthcare professionals should approach each case with cultural humility, ensuring they do not impose their own values on the mother's decision-making process.
- **Tailor Care to Align With the Mother's Cultural Context:** Tailored care involves understanding and incorporating the mother's cultural and personal values into the support plan. For example:
 - Being aware of any cultural stigmas surrounding adoption.
 - Recognizing how cultural norms influence her views on family roles and obligations.
 - Respecting preferences for language and spiritual or community-based guidance.

By adhering to these ethical principles, healthcare professionals can provide equitable, respectful, and supportive care that upholds the dignity and autonomy of every expectant mother.



Tapestry Adoption Agency: What They Do for Birth Mothers

Agency Overview

Licensed, Local Indiana Agency With a Focus on Ethical Practices:

- Tapestry Adoption agency is a licensed organization dedicated to supporting birth mothers through the adoption process. Known for its compassionate, ethical approach, the agency prioritizes the well-being of mothers and children, ensuring that all decisions are informed, voluntary, and respectful of individual circumstances.

Services for Birth Mothers

- **Counseling and Emotional Support:** Tapestry Adoption provides birth mothers with access to experienced counselors who specialize in adoption-related challenges. From initial decision-making to post-placement care, these services are designed to help mothers navigate the emotional complexities of adoption with compassion and understanding.
 - It's important to note that a licensed agency provides emotional counseling and support, unlike an adoption attorney who is only skilled at providing legal advice.
- **Assistance With Medical and Living Expenses** (as Permitted by Law): The agency supports birth mothers by helping cover eligible medical and living expenses during pregnancy and immediately postpartum. This assistance is provided transparently, ensuring compliance with Indiana law.
 - Additionally, Indiana law allows for financial assistance through 6 weeks post placement.
- **Choosing an Adoptive Family:** Tapestry gives the birth mother full rights when choosing a family. She will be shown all families on the roster that meet her filtered criteria such as race, age, and other family demographics. She is presented with a full online profile and may, if she chooses, meet the family virtually with the aid of the agency.
- **Option of Open or Closed Adoptions:** Birth mothers working with Tapestry Adoption have the freedom to choose between open and closed adoption arrangements, depending on their comfort level. The agency encourages open communication between parties in open adoptions or ensures privacy and confidentiality in closed adoptions, always honoring the mother's preferences.
- **Post-Placement Grief and Healing Support:** Recognizing that adoption is an emotionally charged decision, Tapestry Adoption offers ongoing grief and healing support after placement. Birth mothers can access counseling, peer support groups, and other resources to help process their emotions and move forward with resilience.

Tapestry Adoption agency's comprehensive services ensure that birth mothers receive the respect, care, and support they need to make empowered and informed decisions throughout the adoption process.



Additional Resources and Training Opportunities

Professional Development

- **Attend Adoption-Focused Workshops and Seminars:** Healthcare professionals are encouraged to participate in workshops, webinars, and seminars that provide in-depth education on adoption-related topics. These sessions often cover legal requirements, emotional support strategies, and best practices for respectful communication.
- **Partner With Agencies Like Tapestry for Training Opportunities:** Organizations like Tapestry Adoption offer tailored training programs for healthcare providers. These programs can enhance understanding of the adoption process, equip staff to navigate sensitive situations, and improve overall support for birth mothers and families.

Resources for Birth Mothers

- **Access Local Support Groups and Counseling Services:** Encourage birth mothers to connect with local organizations that offer peer support groups, individual counseling, and community resources. These services provide a supportive network of individuals who understand the unique challenges of adoption.
- **Explore Online Education About Indiana's Adoption Laws:** Direct birth mothers to reliable online resources that explain Indiana's adoption laws in clear, accessible language. Understanding their rights and the legal process can empower birth mothers to make informed decisions.



By investing in professional development and connecting birth mothers with robust support networks, healthcare teams can enhance the quality of care and resources available throughout the adoption journey.

Conclusion and Call to Action

Key Takeaways

- **Ensure Informed, Compassionate, and Ethical Care:** Healthcare professionals play a pivotal role in supporting birth mothers during the adoption process. By fostering an environment of informed decision-making, empathy, and respect, professionals can help mothers navigate this life-changing choice with dignity and confidence.
- **Empower Birth Mothers Through Supportive Practices:** Empowerment begins with listening, understanding, and respecting the unique needs of each birth mother. Adopting non-judgmental approaches and advocating for her preferences ensures she feels valued and supported throughout her journey.
- **Comprehensive Resources with Adoption Agencies:** When working with an adoption agency, hospitals, healthcare professionals, and the expectant women you serve have access to a wide array of critical resources that are not provided when choosing an adoption attorney alone. Unlike individual adoption attorneys, adoption agencies offer a holistic support system that extends far beyond legal assistance.

By choosing an adoption agency, hospital professionals can ensure that all aspects of the adoption process are coordinated efficiently, ethically, and compassionately—providing a full spectrum of resources that are often not available when an adoption attorney is selected independently.

Continued Learning

- **Utilize Adoption-Related Resources and Materials:** Adoption is a nuanced and evolving field. Professionals are encouraged to explore resources, attend training sessions, and engage with organizations like Tapestry Adoption to stay informed about best practices and emerging trends in adoption care.
- **Advocate for Hospital Policies That Promote Ethical Adoption Practices:** As key stakeholders in hospital systems, healthcare professionals can influence the development and implementation of policies that prioritize ethical, patient-centered adoption care. Advocacy for education, cultural sensitivity, and procedural clarity benefits all parties involved in the adoption process.





Birth Mother **HOSPITAL FORMS**

- 01 Birth Mother Request Form
- 1a Authorization to Disclose Protected Health Info (mother)
- 1a Authorization to Disclose Protected Health Info (infant)
- 02 Discharge Authorization Form
- 03 Infant Care Authorization Form
- 04 Treatment of Newborn Form
- 5a Authorization to Disclose Protected Health Info (mother)
- 5a Authorization to Disclose Protected Health Info (infant)
- 06 Attendance Request Authorization Form
- 07 Billing Authorization Form
- 08 Adoption Checklist



BIRTH MOTHER REQUEST FORM

FOR HER HOSPITAL CARE

Name

SSN

DOB

PHONE #

EMAIL

Expected Delivery Date

Physician's Name

Adoption Professional working
with Expectant Mother (if applicable)

and PHONE #

and/or Adoption Attorney working
with Expectant Mother (if applicable)

and PHONE #

BIRTH MOTHER'S WISHES

The birth mother has the right to change these requests. Please try to accommodate her wishes to the extent possible, subject, of course, to the approval of the attending physicians and applicable hospital policies.

	Yes	No	Undecided
1. Would you like to see the baby?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Would you like to know the sex of the baby?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Would you like to care for the baby in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Would you like to be moved off the maternity floor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Would you like a private room, if available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would you consent to circumcision, if the adoptive parent(s) would like to have the baby circumcised?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTES TO HOSPITAL STAFF: (A) If she chooses not to know the sex of the baby, please have a consent to circumcision signed before birth, if possible, to avoid inadvertent disclosure of baby's sex, and (B) even if the birth mother requests a circumcision, please do not circumcise the baby until confirmation from us is received that the adoptive parent(s) would like the baby circumcised.

7. Would you like your hospital stay kept totally confidential? (In any case, the hospital may release information to _____).

☐ ☐ ☐

Adoption Professional

8. She would like the following person(s) in labor and delivery with her:

9. She would like the following person(s) to be allowed to see the baby in the hospital:

☐ Anyone to whom she gives permission at the hospital

☐ No one can see the baby

10. She would like for _____ (adoption professional) to be contacted upon her being admitted in labor and also after the baby is born.

11. She hereby authorizes the hospital and attending physicians to release information, including results of HIV testing, either in writing or by telephone, or both, about her and the baby pursuant to the attached authorizations to release medical information.

12. Other requests: _____

ADOPTION PROFESSIONAL CONTACT

Please contact with any questions or concerns:

I understand that this is not a consent to adoption and that by signing this form I am not under any obligation to proceed with an adoption. I hope that the hospital will accommodate my wishes, as expressed on this form, to the extent reasonably possible.

Birth Mother Signature: _____

Date: _____

Witness: _____



{Attached to Form 1}

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Pursuant to HIPAA

TO: _____

MOTHER'S INFORMATION

Name

DOB SSN

Date of Treatment: from _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, hereby authorize the above-named health care provider, all physicians, hospitals, and other health care professionals who provide care to, or consult in the care of, me (collectively referred to as "**Health Care Providers**") to disclose to the following individuals and entities ("**Recipients**"), and Recipients, to thereafter disclose my health information as follows: Any and all medical, general, psychological, psychiatric, membership, and/or health information pertaining to me which is now or in the future may be in the possession or under the control of Health Care Providers including specifically, and without limitation, the results of any and/or all autoimmune deficiency (HIV/AIDS) testing, drug, alcohol, sexually transmitted disease, Hepatitis A, B, and C, and Herpes tests. I understand that this information may include information relating to sexually transmitted diseases, Human Immunodeficiency Virus (HIV infection, Acquired Immune Deficiency Syndrome, or AIDS Related Complex), and other communicable diseases. It may also include information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse (as permitted by 42 CFR Part 2). Recipients may disclose this information to the following person(s) or organization(s):

- Adoptive Parent(s)
- Attorney(s) for Adoptive or Birth Parents
- Agency for Adoptive Parent(s)
- Court in Connection with Adoption
- Interstate Compact on the Placement of Children
- Native American Nations or Tribes/ Alaska Native Villages

Other persons or entities deemed necessary by Recipients to facilitate the adoption of my child(ren), physicians, and other health care professionals consulted by any of these individuals and entities.

This disclosure and use is for the following purposes: adoption, custody, guardianship, parental rights matters, Indiana Child Welfare Act inquiries, and ICWA and ICPC clearances.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department of the Health Care Providers. Unless otherwise revoked, this authorization will expire eighteen months from the signature date. I understand that authorizing the disclosure of this health information is voluntary. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or eligibility for benefits. This document also authorizes any Native American tribe, Indian tribe, or Alaska Native Village to release information about the membership status or eligibility for membership of myself or my child(ren) born or to be born.

By signing this Authorization, I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal privacy rules. I further understand I may request a copy of this signed authorization. A photocopy of this authorization shall be deemed as valid as the original for all purposes.

Birth Mother/Patient Signature: _____

Date: _____

Witness: _____



{Attached to Form 1}

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Pursuant to HIPAA

TO: _____

INFANT'S INFORMATION

Name

DOB

Date of Treatment: from _____ to _____

I, the undersigned, on behalf of my child born, or to be born on or about, _____, hereby authorize the above-named Health Care Provider, all physicians, hospitals, and other health care professionals who provide care to, or consult in the care of, my child (collectively referred to as "**Health Care Providers**") to disclose to the following individuals and entities ("**Recipients**"), and for Recipients, to thereafter disclose my child's health information as follows: Any and all medical, general, psychological, psychiatric, membership, and/or health information pertaining to me which is now or in the future may be in the possession or under the control of Health Care Providers including specifically, and without limitation, the results of any and/or all autoimmune deficiency (HIV/AIDS) testing, drug, alcohol, sexually transmitted disease, Hepatitis A, B, and C, and Herpes tests. I understand that this information may include information relating to sexually transmitted diseases, Human immunodeficiency Virus (HIV infection, Acquired Immune Deficiency Syndrome, or AIDS Related Complex), and other communicable diseases. It may also include information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse (as permitted by 42 CRF Part 2). "Recipients" are defined as, and may disclose this information to, the following person(s) or organization(s):

- Adoptive Parent(s)
- Attorney(s) for Adoptive or Birth Parents
- Agency for Adoptive Parent(s)
- Court in Connection with Adoption
- Interstate Compact on the Placement of Children
- Native American Nations or Tribes/ Alaska Native Villages

Other persons or entities deemed necessary by Recipients to facilitate the adoption of my child(ren), physicians, and other health care professionals consulted by any of these individuals and entities.

This disclosure and use is for the following purposes: adoption, custody, guardianship, parental rights matters, Indiana Child Welfare Act inquiries, and ICWA and ICPC clearances.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department of the Health Care Providers. Unless otherwise revoked, this authorization will expire eighteen months from the signature date. I understand that authorizing the disclosure of this health information is voluntary. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or eligibility for benefits. This document also authorizes any Native American tribe, Indian tribe, or Alaska Native Village to release information about the membership status or eligibility for membership of myself or my child(ren) born or to be born.

By signing this Authorization, I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal privacy rules. I further understand I may request a copy of this signed authorization. A photocopy of this authorization shall be deemed as valid as the original for all purposes.

Birth Mother/Parent Signature: _____

Date: _____

Witness: _____



DISCHARGE AUTHORIZATION FORM

Name of Infant

or Infant MALE | FEMALE

Infant DOB

Name of Birth Mother

Reason for Discharging Infant to Another: Adoption (circle) or specify other reason:

PERSON(S) TO WHOM INFANT WILL BE DISCHARGED (SELECT ONE):

The Adoption Professional identified as: _____ or,

Directly to the custody of the Adoptive Parent(s) as identified in the order of custody to be issued by the _____ Court, _____ County, Indiana.

The undersigned, birth mother of the infant identified above, authorize(s) and direct(s) _____ Hospital to discharge the infant to the custody of the above identified person(s). The undersigned represent(s) that this decision is being made as a free and voluntary act after careful deliberation, and that the signing of this authorization is not being done under compulsion, duress, or undue influence. The undersigned further understand(s) that the hospital has made no investigation or determination of the background of the person(s) to whom the infant will be discharged and has not participated in any manner in the undersigned's decision to discharge the infant to above named person(s); and accordingly, the hospital has no opinion nor recommendation regarding the person(s) to whom the infant will be discharged.

Birth Mother Signature: _____

Date: _____

Witness: _____

RECEIPT OF CUSTODY OF INFANT

The undersigned hereby acknowledges receipt of custody of _____ (name of infant) or Infant Male / Female on this ____ day of _____, 20__.

Signed Name: _____

Title/Position: _____

Witness: _____



INFANT CARE AUTHORIZATION FORM

ALLOWING PROSPECTIVE ADOPTIVE PARENT(S) TO CARE FOR NEWBORN

_____ (birth mother's name) hereby authorizes _____ (name of hospital) (the "**Hospital**") to allow _____ and _____ (first names of prospective adoptive parent(s) to have physical, including skin-to-skin, contact with the baby to whom I gave birth on _____, 20____ (child's date of birth), including the opportunity to feed, change, hold, and generally care for the baby while the baby is still in the hospital.

It is my intention that the prospective adoptive parent(s) have as much contact with, and have the same rights to care for, the baby as I. In giving this authorization, I understand that the prospective adoptive parent(s) will have access to identifying and medical information about the infant and me. I hereby release the hospital and all medical providers from any and all liability arising from any such disclosure of information.

In giving this authorization, I am not relinquishing my rights to care for the baby. I would still like to be able to spend time with, and care for, the baby while I am still in the hospital, if I so desire. However, at any time when I am not taking care of the baby, I would like for the prospective adoptive parent(s) to be able to do so.

It is not necessary for me to be present while the prospective adoptive parent(s) are caring for the baby.

This Authorization is not a consent to adoption. I understand that I will sign, if I have not already signed, a separate consent to the adoption of the baby.

I hereby release and discharge the hospital from any and all liability of whatsoever nature and howsoever arising out of my having given this Authorization to the prospective adoptive parent(s).

Finally, I understand that I may revoke this Authorization at any time prior to my signing a consent to adoption by writing the words, "I revoke this authorization", across the bottom of this document and then signing my name underneath those words.

Birth Mother Signature: _____

Date: _____

Witness: _____



AUTHORIZATION FOR TREATMENT OF NEWBORN

Birth Mother's Name

Infant DOB

I, _____, hereby state:

1. I am the mother of a _____ (MALE-FEMALE) infant born on _____ (date), (the "**Child**") at _____ (hospital).
2. I have given my written consent to adoption on _____ (date).
3. I understand that within the next day or so, the _____ (court), will issue an order granting the prospective adoptive parent(s) custody of the Child.
4. Pursuant to Indiana Code § 16-36-1, The Health Care Consent Act (the "**Act**"), between now and the time that the court issues an order granting the prospective adoptive parent(s) custody of the Child, I hereby delegate authority to _____ (Adoption Professional), or both, to make all decisions and to obtain necessary "health care" as those words are defined in the Act on behalf of the Child.
5. I hereby further authorize _____ (Adoption Professional), or both, to delegate the authority which I have granted in this Authorization for Treatment to the prospective adoptive parent(s).
6. I hereby consent to health care being obtained by _____ (Adoption Professional), or both, and by the prospective adoptive parent(s), if a further delegation or authority is made.
7. Without in any manner limiting the applicability of Indiana Code § 16-36-1-10, I hereby release _____ (hospital), and its officers, directors, employees, doctors, successors and assigns; _____ (Adoption Professional), and their employees, successors, and assigns; and the prospective adoptive parent(s), and their successors and assigns, from any and all liability of whatsoever nature arising out of the care and treatment provided to the Child in accordance with this Authorization.

Birth Mother Signature: _____

Date: _____

Witness: _____

The undersigned hereby delegates the authority granted in this Authorization to _____ and _____ (the prospective adoptive parent(s)) as of _____, 20____.

Adoption Professional: _____

Witness: _____



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Pursuant to HIPAA

TO: _____

MOTHER'S INFORMATION

Name

DOB SSN

Date of Treatment: from _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, hereby authorize the above-named health care provider, all physicians, hospitals, and other health care professionals who provide care to, or consult in the care of, me (collectively referred to as "**Health Care Providers**") to disclose to the following individuals and entities ("**Recipients**"), and Recipients, to thereafter disclose my health information as follows: Any and all medical, general, psychological, psychiatric, membership, and/or health information pertaining to me which is now or in the future may be in the possession or under the control of Health Care Providers including specifically, and without limitation, the results of any and/or all autoimmune deficiency (HIV/AIDS) testing, drug, alcohol, sexually transmitted disease, Hepatitis A, B, and C, and Herpes tests. I understand that this information may include information relating to sexually transmitted diseases, Human Immunodeficiency Virus (HIV infection, Acquired Immune Deficiency Syndrome, or AIDS Related Complex), and other communicable diseases. It may also include information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse (as permitted by 42 CFR Part 2). Recipients may disclose this information to the following person(s) or organization(s):

- Adoptive Parent(s)
- Attorney(s) for Adoptive or Birth Parents
- Agency for Adoptive Parent(s)
- Court in Connection with Adoption
- Interstate Compact on the Placement of Children
- Native American Nations or Tribes/ Alaska Native Villages

Other persons or entities deemed necessary by Recipients to facilitate the adoption of my child(ren), physicians, and other health care professionals consulted by any of these individuals and entities.

This disclosure and use is for the following purposes: adoption, custody, guardianship, parental rights matters, Indiana Child Welfare Act inquiries, and ICWA and ICPC clearances.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department of the Health Care Providers. Unless otherwise revoked, this authorization will expire eighteen months from the signature date. I understand that authorizing the disclosure of this health information is voluntary. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or eligibility for benefits. This document also authorizes any Native American tribe, Indian tribe, or Alaska Native Village to release information about the membership status or eligibility for membership of myself or my child(ren) born or to be born.

By signing this Authorization, I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal privacy rules. I further understand I may request a copy of this signed authorization. A photocopy of this authorization shall be deemed as valid as the original for all purposes.

Birth Mother/Patient Signature: _____

Date: _____

Witness: _____



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Pursuant to HIPAA

TO: _____

INFANT'S INFORMATION

Name

DOB

Date of Treatment: from _____ to _____

I, the undersigned, on behalf of my child born, or to be born on or about, _____, hereby authorize the above-named Health Care Provider, all physicians, hospitals, and other health care professionals who provide care to, or consult in the care of, my child (collectively referred to as "**Health Care Providers**") to disclose to the following individuals and entities ("**Recipients**"), and for Recipients, to thereafter disclose my child's health information as follows: Any and all medical, general, psychological, psychiatric, membership, and/or health information pertaining to me which is now or in the future may be in the possession or under the control of Health Care Providers including specifically, and without limitation, the results of any and/or all autoimmune deficiency (HIV/AIDS) testing, drug, alcohol, sexually transmitted disease, Hepatitis A, B, and C, and Herpes tests. I understand that this information may include information relating to sexually transmitted diseases, Human immunodeficiency Virus (HIV infection, Acquired Immune Deficiency Syndrome, or AIDS Related Complex), and other communicable diseases. It may also include information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse (as permitted by 42 CRF Part 2). "Recipients" are defined as, and may disclose this information to, the following person(s) or organization(s):

- Adoptive Parent(s)
- Attorney(s) for Adoptive or Birth Parents
- Agency for Adoptive Parent(s)
- Court in Connection with Adoption
- Interstate Compact on the Placement of Children
- Native American Nations or Tribes/ Alaska Native Villages

Other persons or entities deemed necessary by Recipients to facilitate the adoption of my child(ren), physicians, and other health care professionals consulted by any of these individuals and entities.

This disclosure and use is for the following purposes: adoption, custody, guardianship, parental rights matters, Indiana Child Welfare Act inquiries, and ICWA and ICPC clearances.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department of the Health Care Providers. Unless otherwise revoked, this authorization will expire eighteen months from the signature date. I understand that authorizing the disclosure of this health information is voluntary. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or eligibility for benefits. This document also authorizes any Native American tribe, Indian tribe, or Alaska Native Village to release information about the membership status or eligibility for membership of myself or my child(ren) born or to be born.

By signing this Authorization, I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal privacy rules. I further understand I may request a copy of this signed authorization. A photocopy of this authorization shall be deemed as valid as the original for all purposes.

Birth Mother/Parent Signature: _____

Date: _____

Witness: _____



ATTENDANCE REQUEST AUTHORIZATION

_____ (birth mother's name) hereby authorizes _____ (name of hospital) (the "**Hospital**") to allow _____ and _____ (first names of prospective adoptive parent(s)) to be present at the hospital with child and me in my room, the nursery, a room set aside for them, and any other place deemed appropriate by the hospital. In giving this authorization, I understand that the prospective adoptive parent(s) will have access to identifying and medical information about the infant and me. I hereby release the hospital and all medical providers from any and all liability arising from any such disclosure of information.

Birth Mother Signature: _____

Date: _____

Witness: _____



ATTENDANCE TO BILL ADOPTIVE PARENT(S) INSURANCE

The undersigned hereby specifically authorizes _____ (name of hospital) and any health care provider which has provided care to the child to whom I gave birth on _____ (date), to bill the prospective adoptive parent(s) insurance directly for any medical expenses incurred on behalf of the child. In giving this authorization, I understand that identifying information may be inadvertently shared with the adoptive parent(s) or their insurance company, or both. I hereby waive confidentiality for the limited purpose of allowing their insurance to be billed directly.

Birth Mother Signature: _____

Date: _____

Witness: _____



ADOPTION CHECKLIST

Admissions into Labor

- ☐ Confirm that mother is still considering adoption
- ☐ Complete Hospital Request Form (Form 1), if not already completed
- Have mother sign:
 - ☐ HIPAA release to provide information to adoption professional for infant (Form 5b) and her (Form 5a)
 - ☐ Place mother's release on her chart
 - ☐ Place infant's release on infant's chart
 - ☐ Attendance Request Form (Form 6) if she would like prospective adoptive parents with her in labor and delivery
 - ☐ Infant Care Authorization (Form 3) if she would like the prospective adoptive parents to be able to care for the infant
 - ☐ Circumcision consent if she does NOT want to know the sex of the infant
- ☐ Contact adoption professional to inform that mother has been admitted into labor

After Birth

- ☐ Confirm that mother is still considering adoption
- ☐ Coordinate consent signing time with adoption professional
- ☐ Paternity affidavit signed ONLY AFTER consent to adoption/termination is signed
- ☐ Complete birth certificate application
- Mother to sign:
 - ☐ Consent to adoption/termination or relinquishment to agency
 - ☐ Authorization for Treatment (Form 4)
 - ☐ Discharge Authorization (Form 2)
 - ☐ HIPAA release for her records (Form 5a) [unless already signed]
 - ☐ HIPAA release for infant's records (Form 5b) [unless already signed]
 - ☐ Authorization to Bill Adoptive Parents' Insurance (Form 7)

Discharge

- ☐ Coordinate discharge arrangements with the prospective adoptive parents or adoption professional
- ☐ Place court order for custody on infant's chart
- ☐ Verify identity of infant and persons named in the court order of custody
- ☐ Have person identified in the court order of custody sign the bottom of the Discharge
- ☐ Authorization (Form 2) acknowledging receipt of custody of infant
- ☐ Provide discharge instructions to prospective adoptive parents
- ☐ Confirm that financial arrangements have been made for the payment of hospital/doctor charges with the prospective adoptive parent(s)

ADOPTION

GUIDE FOR INDIANA HOSPITAL PROFESSIONALS

Tapestry Adoption relies on professional partnerships to best serve the women and families in their care. It is our desire to cultivate a relationship with your hospital or organization which provides holistic and comprehensive care to the expectant mother. The use of a licensed child placing agency allows for the mother to receive ongoing counseling and resources that do not stop when she leaves the hospital. These resources include financial support, community referrals, and access to group and individual counseling. These services are often neglected or not offered at all by area attorneys or agencies.

This guide aims to empower healthcare professionals with the tools to provide sensitive, ethical, and informed care to expectant mothers considering adoption. By committing to compassionate care, continuous education, and ethical practices, healthcare professionals can profoundly impact the lives of birth mothers, their children, and adoptive families, ensuring a supportive and respectful adoption experience for all. Thank you!

If you have a patient searching for adoption information, contact Tapestry Adoption:



(317) 529-7322



(574) 800-1578



info@tapestry-adoption.com



www.tapestry-adoption.com



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