



Acknowledgement of Child(ren)'s Adoptive File Provided to Adoptive Family:

By signing this, I acknowledge that I have received my adoptive child's file(s) for the following child(ren):

This file includes: Case notes, legal documents, health and education records. All this information is located on a USB drive which is encrypted.

Note: To open file, place flash drive in a USB port. A window will open requesting a password. Type in the password and click the **unlock** button at the bottom of the window.

The password to open the file is: _____

I obtained this file in the following way: Picked up at DSHS office
 By mail service
 Delivered in person by DSHS staff

We understand that we are receiving records which are confidential under the Revised Code of Washington (RCW) 74.04.060, RCW 42.56.210, RCW 42.56.230, and RCW 26.33.340 which state the Department's information about the biological parent(s), extended family, or the services provided to them will be kept strictly confidential. We agree to only disclose this confidential information to persons protected by confidentiality, such as physicians and therapists who may request information for the treatment purposes of the above named child(ren).

Date received: _____

Adoptive Parents' signatures: _____

Social Worker's signature: _____