



# International Adoption Clinic

747 52nd Street, Oakland, CA 94618 - 510-428-3010 - Fax: 510-450-5878

## Consent for Pre-Adoption Evaluation

I/We \_\_\_\_\_ hereby consent to the review, evaluation and assessment by Nancy Curtis and the staff of the International Adoption Clinic at Children's Hospital & Research Center Oakland of \_\_\_\_\_, a child currently available for adoption from \_\_\_\_\_. I/We understand and agree that the reviewers may include physicians, nurses, fellows, and/or developmental specialists. I/We have provided the reviewers with the following materials and documents:

### A. Video Tape

Dated \_\_\_\_\_ and initialed by (Name) \_\_\_\_\_ (Initials) \_\_\_\_\_

### B. Photographs

Marked with (Child's name) \_\_\_\_\_  
and initialed by (Name) \_\_\_\_\_ (Initials) \_\_\_\_\_

**C. English translation of medical records, summary and/or abstracts** consisting of \_\_\_\_\_ pages and initialed by (Name) \_\_\_\_\_ (Initials) \_\_\_\_\_

**D. Other:** (list, describe) \_\_\_\_\_

Number of pages: \_\_\_\_\_

Initialed by (Name) \_\_\_\_\_ (Initials) \_\_\_\_\_

I/We understand that the materials provided cannot be returned. These materials will be kept by the International Adoption Clinic at Children's Hospital & Research Center Oakland as part of the permanent record.

I/We understand that the limitations of these evaluations include, but are not limited to, the following:

The length of the video segment provided, language barriers, lighting, inability to interact with or examine the child, the quality of translation of the medical records, the environment the child is in and the variability of the child's temperament. I/We understand that the reviewers will only review the video segments indicated on the initial client information sheet.

I/We understand that the results of the evaluation of the materials I/we provide constitute a professional opinion based on this limited information and cannot constitute a comprehensive and accurate diagnosis or assessment of the child. I/We understand the impressions from the evaluation requested will not include a prediction of long term outcome because this is not a realistic expectation.

I/We further understand that Nancy Curtis, MD of Children's Hospital & Research Center Oakland cannot and will not provide a diagnosis of the health or prognosis of the child we seek to adopt. I/We recognize that a formal assessment can be rendered by Dr. Curtis and Children's Hospital & Research Center Oakland only after a personal examination of the child and the administration and analyses of various physical, laboratory, psychological and psychomotor tests conducted on and with the child.

I/We also agree to allow the medical records and videos to become part of the child's permanent record so that in the event of adoption and subsequent services, the medical records will be complete.

\_\_\_\_\_ I/We give consent to allow the materials that have been provided to be used for current and future research purposes, for medical education purposes, or to maintain or provide statistical information.

\_\_\_\_\_ I/We do not give consent to allow this material to be used for research, medical education or statistical purposes.

The reviewer(s) will maintain confidentiality of the identity of individuals/organization requesting the evaluation as well as the identity of the child.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_