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| **Provided to Adoptive Family:** | |
| **By signing this, We/I acknowledge that we/I have received my adoptive child’s file(s) for the following child:** | |
| Name of Child: | Date of Birth: |
| This file includes: Case notes, legal documents, health, mental health and education records. I/we received these records through: | |
| Managed File Transport (MFT) Date of email to adoptive family informing records are available for download on MFT)  **Note:** Please be aware, files uploaded to the MFT system will be **automatically removed after 14 days**. | |
| Encrypted USB  **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 DCYF office  By mail service  Delivered in person by DCYF staff | |
| Secure email sent to Email address on Date | |
| Printed paper copies  **Note:** This option must be approved by the Area Administrator and documented in FamLink as to reasons this was the chosen option.  I obtained this file in the following way:  Picked up at DCYF office  By mail service  Delivered in person by DCYF 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.  Date received:  Adoptive Parents’ signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Case Worker’s signature: | |