



Hopscotch Adoptions, Inc.
1208 Eastchester Drive
Suite 120
High Point, NC 27265
hopscotchadoptions.org
PH 1.336.899.0068

PRIVACY DECLARATION

I/WE HEREBY DECLARE THAT:

The information provided to me/us, through Hopscotch Adoptions Inc. and the entities of the sending country, including social reports, medical reports, pictures and video materials of any children, for whom information is provided by the sending country Central Authority, or obtained via the official webpage of the Central Authority, or via the Hopscotch Adoptions in country team (if permitted and available) of the sending country, will be used only for the purpose of considering a prospective child/children for the specific adoption procedure for this child/children through Hopscotch Adoptions.

I/We will require any other professionals who may be involved in our decision-making or adoption preparation related to a child or children, such as international adoption medical specialists, to adhere to both the privacy issues in this declaration and the general confidentiality issues for patients/clients. I/We understand that any unauthorized sharing, disclosure, publication, or media use of any of this information and materials may jeopardize the possibility of adoption for this child or children and/or the possibility of other adoptions.

I/We agree that none of these materials or information will be used for any other purpose than adoption deliberation or adoption as described above, including, but not limited to, sending to or sharing such information, pictures, and video with non-family members, posting this information or materials on a website or other internet or media use or communication. I/We agree that no information or materials related to a child will be used for commercial or any other purpose, especially any use which might have the potential to impact on the best interests of the child/children, to impact upon adoptions in the sending country or other countries or the work of Hopscotch Adoptions, or contradict the law of either the sending country or the United States. All information and/or materials regarding a child shall be considered confidential, covered under confidentiality laws, and may not be shared in any way until the child is legally adopted by a family. At the point of legal adoption the family will have the responsibility to safeguard the well being and privacy of the child, as well as follow issues and laws of confidentiality.

Any and all information or materials, including social report, medical reports, pictures and/or video materials about a child considered for adoption by my/our family and/or as part of the adoption process and preparation given to me/us through Hopscotch Adoptions or entities in the child's sending country will not be published or shared on the Internet, web pages, blogs and other internet or media avenues. I/We understand that any misuse, or third party sharing of the materials and information provided to me/us, as described above in general but not limited to this description, may result in legal action against me/us.

I/We understand and agree that any information and/or materials about a child or children provided to me/us by Hopscotch Adoptions and/or the sending country will be used solely for the purpose of our consideration of the possible adoption and of the prospect of a future adoption procedure, and not shared in any other way or medium with any others outside of our immediate family and professionals used to assist me/us with these decisions and adoption process, who are equally bound by confidentiality.

In the event I/we decline to proceed with the adoption procedure of the child/children, we are obligated to return to Hopscotch, in a timely manner, all materials given to me/us. I/We understand and agree that I/we would still be bound under confidentiality not to share or disclose any information known by us about the child or children, even though we decide not to pursue adoption of such a child or children.

Signature of person(s) receiving information: _____

Date: _____

Printed Name of person receiving information: _____

Address:

Street _____

City _____ State _____ Zip code _____

Email: _____

Phone:(____) _____

****This form is considered incomplete without each field completed. Incomplete forms will be discarded.**