



<i>Adoption Act</i>	<b>Program</b>	<b>Post-Adoption Services</b>	
	<b>Subject</b>	<b>Disclosure Vetos</b>	<b>Policy # 6.06</b>
<b>Effective Date: January 31, 2021</b>		<b>Authorized by:</b>	
<b>Revised Date:</b>		<b>Deputy Minister David Keedwell</b>	

**1.0 PURPOSE**

For adoptions that were finalized prior to January 31, 2020, disclosure vetos provide adult adopted persons and birth parents with the option to opt out of having their identifying information shared.

**2.0 DEFINITIONS**

**2.1 Post-Adoption Services:** an adoption disclosure service for those persons impacted by an adoption once the adopted person reaches the age of 18 years old.

**2.2 Disclosure Veto:** a document filed under section 48.1 of the *Adoption Act*, or a similar document filed under legislation in another jurisdiction, prohibiting the disclosure of identifying information about the person who files it.

**2.3 Service Request Directory:** a directory where all applications submitted to Post-Adoption Services are documented. The Service Request Directory includes the date of application, birth and/or current name of the applicant, the party type (e.g. birth parent, adult adoptee), and the service(s) requested.

**3.0 POLICY STATEMENT**

3.1 Post-Adoption Services must provide the disclosure veto service to eligible applicants according to the requirements of the *Adoption Act* (sections 48 to 53).

3.2 The *Adoption Act* includes provisions to allow for open adoption records. However, the interest of an adopted person or a birth parent in obtaining identifying information respecting the other should be balanced to the extent possible with the other person's interest in protecting their privacy.

3.3 For adoptions finalized prior to January 31, 2020, a birth parent or an adopted person who is 18 years of age or older can submit a disclosure veto, to prevent their identifying information from being released.

3.4 Any adoption finalized after January 31, 2020 is considered to be an open adoption record, and do not have the option to submit a disclosure veto.

3.5 Post-Adoption Services only provides service to individuals whose adoption was finalized in the province of Prince Edward Island. Any inquiry or submission of a disclosure veto where the adoption was not finalized on Prince Edward Island must be re-directed by the applicant to the location where the adoption was finalized to submit a disclosure veto.

#### **4.0 PROCEDURE STATEMENT**

4.1 A disclosure veto may be submitted to Post-Adoption Services by a birth parent or the adult adopted person.

4.2 Eligible applicants (as identified in 4.1) may submit a disclosure veto by completing the Post-Adoption Services Disclosure Veto Application Form (attached). Disclosure vetos are processed and recorded in the Service Request Directory, and these service requests are completed in the sequence of the date in which they are received. A copy of the disclosure veto is also included in the corresponding adoption record.

4.3 An applicant who submits a disclosure veto may file a written statement with it that includes the following information:

- the reasons the person does not want their identifying information disclosed; and/or
- non-identifying information, including information about the medical or social history of the person and the person's family.

4.4 An applicant who submits a disclosure veto must include copies of two pieces of government-issued identification (e.g., driver's license, passport, birth certificate) with their application as a means to verify their identity.

4.5 If a birth parent or adult adopted person requests their identifying information after January 31, 2021, and a disclosure veto is on file, then the identifying information cannot be provided. Post-Adoption Services will notify the applicant and provide them with a copy of a written statement and non-identifying information that may have been included with the disclosure veto.

4.6 A person who files a disclosure veto may modify or cancel the disclosure veto by completing a new Post-Adoption Services Disclosure Veto Application Form (attached) and specifying their updated request.

4.7 If Post-Adoption Services receives a disclosure veto indicating that a birth parent or adult adopted person has canceled their disclosure veto and a previous request had been made by the other party for their identifying information, that individual would be contacted by Post-Adoption Services and advised of the change and provided with the requested identifying information.

4.8 A disclosure veto ceases to have effect one year after the death of the person who filed it. An applicant who had previously requested identifying information and had been denied as a result of a disclosure veto on file would be notified by Post-Adoption Services once

the one year period has expired, and will be provided with the requested identifying information.

- 4.9 A disclosure veto submitted by another party of the adoption (i.e. birth parent) shall not affect the ability for Post-Adoption Services to continue with the matching process or search for any other individuals impacted by the adoption.

**5.0 REFERENCES**

- 5.1 *Adoption Act*

**6.0 ATTACHMENTS**

- 6.1 Post-Adoption Services Disclosure Veto Application Form
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# Disclosure Veto Application Form

*Please note: This form is valid as of January 31, 2021*

**Office Use Only**

Date Received:

Submission ID:

Processed By:

A disclosure veto is a document that prevents the release of information that could identify the person who has filed the veto. This is only for those who were parties of an adoption that were finalized before January 31, 2020.

The information on this form is collected under the authority of the *Adoption Act*, and the information will be used to fulfill the requirements of the *Act*.

**Birth parents must complete and sign a separate Veto for each child placed for adoption.** Vetoes do not apply to stepparent adoptions or adoptions that are finalized for those 18 years of age and older (adults).

**Attach a clear copy of two current government-issued ID with your application** (i.e. Driver's License, Passport, Birth Certificate, Health Card). If the copy is not clear, your veto application will not be processed and will be returned to you.

**For questions:**

**Call:** (902) 368-6139 or 1-844-982-0507 (toll free in North America)

**Mail:** Post-Adoption Services, P.O. 2000, 161 St. Peter's Road, Charlottetown, PE, C1A 7N8

**Email:** adoption@gov.pe.ca

All sections marked with an \* must be completed; however, you are encouraged to complete all sections to the best of your knowledge and ability.

## Applicant Information

All applicants must complete this section.

<b>First Name *</b>		<b>Middle Name(s) *</b>		<b>Current Surname *</b>	
<b>Previous Names (i.e. Maiden Name)</b>			<b>Date of Birth (DD/MM/YYYY) *</b>		
<b>Mailing Address: Apartment Number/ Street Name and Number *</b>					
<b>City/Town *</b>	<b>Province/ State*</b>	<b>Country*</b>	<b>Postal/ZIP Code*</b>		
<b>Main Telephone Number * (include area code)</b>			<b>Additional Telephone Number(s) (include area code)</b>		
<b>Main E-mail Address *</b>			<b>Confirm E-mail Address*</b>		

The applicant is/ I am:  An Adopted Person (18 Years Or Older)  A Birth Parent

### Section 1A: Adoption and Adoptee Information

Any applicant who is an adopted person (18 years or older) must complete this section.

Name On Birth Certificate <u>After</u> Adoption*	Date Of Birth (DD/MM/YYYY)*
Place Of Birth*	Place Of Adoption (City/Province/State/Country) *
Adoptive Parent #1 * Full Name And Date Of Birth (DD/MM/YYYY)	Adoptive Parent #2 * Full Name And Date Of Birth (DD/MM/YYYY)
Birth Registration Number (From Birth Certificate) *	

### Section 1B: Birth Parent Information

Any applicant who is a birth parent must complete this section.

<b>Birth Parent Information At Time Of Adopted Person's Birth</b>	
Birth Mother's Full Name*	Birth Mother's Date Of Birth* (DD/MM/YYYY)
Birth Father's Full Name*	Birth Father's Date Of Birth* (DD/MM/YYYY)
<b>Adopted Person Information Prior To Adoption</b>	
Child's Full Name At Birth*	
Place Of Child's Birth	Child's Date Of Birth (DD/MM/YYYY)

## Section 1C: Disclosure Veto Service Request

All applicants must complete this section.

- Register a disclosure veto (only for adoptions finalized before January 31, 2020)
  - If you do not want your personal information shared, please check this box and complete the rest of the form.
  
- Remove or cancel a disclosure veto
  - If you have already submitted a disclosure veto, but want to remove it from your file, please check this box and complete the rest of the form.

Date of previously submitted disclosure veto (if known or applicable):

\_\_\_\_\_

(DD/MM/YYYY)

## Section 2A: Medical History

This section is optional.

**Please note: This section is optional and is not a requirement when filling out this application. If you decide to complete these sections, the information will be shared with the other party of the adoption. Please do not share information that you do not want disclosed.**

**Please check off all applicable boxes, and provide detailed explanations in the space provided on page 6.** When completing this section, you may wish to indicate: if you or a close family member experienced the medical issue, the age of the onset of the medical issue, and any other medical information you want to share.

**Autoimmune Disorders**

- Lupus
- Grave's disease
- Other (specify): \_\_\_\_\_

**Birth Defects**

- Club foot
- Cleft lip or cleft palate
- Down Syndrome
- Other (specify) : \_\_\_\_\_

**Cancers**

- Specify type and location, if known: \_\_\_\_\_

**Dental Problems**

- Orthodontia
- Other (specify): \_\_\_\_\_

**Diseases of the Blood**

- Sickle cell anemia
- Anemia
- Hemophilia
- Bleeding disorder
- Other (specify): \_\_\_\_\_

**Diseases of the Circulatory System**

- Rheumatic Fever
- Heart trouble
- High or low blood pressure
- Stroke
- Heart attack
- Other (specify): \_\_\_\_\_

**Diseases of the Digestive System**

- Stomach, liver or intestines
- Gall bladder or gallstones
- Other (specify): \_\_\_\_\_

**Diseases of the Nervous System**

- Multiple Sclerosis (MS)
- Tremors
- Seizures, convulsions, epilepsy
- Other (specify): \_\_\_\_\_

**Diseases of the Respiratory System**

- Sinusitis
- Hay fever/other allergies
- Asthma
- Tuberculosis, emphysema
- Chronic respiratory disease
- Cystic Fibrosis
- Other (specify): \_\_\_\_\_

**Diseases of the Skin**

- Eczema
- Dermatitis
- Psoriasis
- Other (specify): \_\_\_\_\_

**Diseases of the Urinary System**

- Kidney or bladder disorder
- Other (specify): \_\_\_\_\_

**Disorder of the Bones/Connective Tissue**

- Arthritis, rheumatism or bursitis
- Scoliosis
- Bone, joint or other deformity
- Other (specify): \_\_\_\_\_

**Disorders of the Muscles**

- Muscular Dystrophy
- Muscle weakness
- Other (specify): \_\_\_\_\_

**Disorder of the Sense Organs**

- Color blindness
- Night blindness
- Glaucoma
- Hearing loss/deafness
- Other (specify): \_\_\_\_\_

**Endocrine and Metabolic Disorders**

- Diabetes
- Thyroid
- Other (specify): \_\_\_\_\_

**Infectious Diseases**

- Sexually transmitted diseases
- HIV/AIDS
- Other (specify): \_\_\_\_\_

**Mental Health and Addictions**

- Depression
- Bipolar
- Anxiety
- Psychotic Disorder, Schizophrenia
- Substance Use/Abuse
- Other (specify): \_\_\_\_\_



**Pregnancy and/or Childbirth Complications**

- Premature births, miscarriage
- Stillbirths
- Multiple births
- Infant death and/or SIDS
- Gestational Diabetes
- Other (specify): \_\_\_\_\_

**Reproductive Health Issues**

- Endometriosis
- Polycystic ovarian syndrome
- Menstrual disorders
- Prostate gland disorders
- Other (specify): \_\_\_\_\_

**Additional Medical History Information**

Use the space below, or attach an additional document to this application, with more detailed information about your medical history.

## Section 2B: Written Statement

This section is optional.

**Please note: This section is optional and is not a requirement when filling out this application. If you decide to complete these sections, the information will be shared with the other party of the adoption. Please do not share information that you do not want disclosed.**

You may complete the following sections in the space below, or by attaching an additional document to this application.

**Would you like to share why you are submitting a disclosure veto?**

**Is there any additional non-identifying personal, family history or social information you wish to disclose?**

## Terms of Agreement

All applicants must complete this section.

Please read the following information and terms below:

- As the applicant, I understand that I must complete the mandatory sections before my application will be processed. I understand that these mandatory sections include:
  - Completing the “applicant information” section (pg. 1)
  - Indicating if I am an adult adopted child (adoptee) or a birth parent (pg. 2)
  - Completing the mandatory areas (\*) in section 1 (pgs. 2 and 3)
  - Including two pieces of ID with my application
  - Reading and accepting the terms within the final checklist (p. 9)
- As the applicant, I understand that Section 2 of the form (medical conditions and written statement sections) are optional, but encouraged to be completed. I understand that if I completed these sections, the information will be shared with the other party of the adoption (i.e. birth parent or adult adoptee).
- As the applicant, I understand that if I am registering a disclosure veto, none of my identifying information will be released to the other party by Post-Adoption Services (Section 48.1 of *The Adoption Act*).
- As the applicant, I understand that if I am registering a disclosure veto, my disclosure veto will no longer be valid as of one year after my death (Section 48.1 (5) of *The Adoption Act*).
- As the applicant, I acknowledge that the information that I have included within this application is true, and has been completed to the best of my knowledge and ability.

## Application Attachments

All applicants must complete this section.

Please attach a clear copy of two current government-issued ID with your application (i.e. Driver’s License, Passport, Birth Certificate, Health Card). If the copy is not clear, your application will not be processed and will be returned to you.

## Signature

All applicants must complete this section.

By signing and dating below, I acknowledge that I have read and accept the Terms of Agreement as outlined above, and have included two current government-issued ID with my application.

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Full Name (Printed)

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Full Name (Signature)

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Date (DD-MM-YYYY)

## Submitting Application

Your completed application can be submitted by:

**Mail**

Post-Adoption Services  
P.O Box 2000  
161 St. Peter's Road  
Charlottetown, PE, Canada

**Email**

[adoption@gov.pe.ca](mailto:adoption@gov.pe.ca)