



<i>Adoption Act</i>	<b>Program</b>	<b>Post-Adoption Services</b>	
	<b>Subject</b>	<b>Contact Preferences</b>	<b>Policy # 6.07</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**

The purpose of contact preferences is to allow birth parents and adult adopted persons to specify how they would like to be contacted by other parties of the adoption, or if they would prefer to not be contacted at all.

**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 Contact Preference:** a document stating how a birth parent or an adult adopted person would like to be contacted, or if they would prefer not to be contacted at all.

**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** 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.

**3.2** Post-Adoption Services must provide the contact preference service to eligible applicants according to the requirements of the *Adoption Act* (sections 48 to 53).

**3.3** The Contact Preference Form, attached, provides adult adopted persons and birth parents with two options.

- No Contact - allows for the release of identifying information, but tells the other party that they do not wish to be contacted.
- Contact - allows for the release of identifying information and provides the individual with the ability to tell the other party how they wish to be contacted (e.g., by email, telephone, third party).

- 3.4 If identifying information is requested after January 31, 2021, and a contact preference is on file, then the identifying information will only be provided if the applicant agrees to the terms of the Contact Preference by signing an Undertaking (as described in 4.6).
- 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 contact preference 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.

#### **4.0 PROCEDURE STATEMENT**

- 4.1 Birth parents and adult adopted persons are eligible to submit a contact preference to Post-Adoption Services.
- 4.2 Eligible applicants (as identified in 4.1) may submit a contact preference by completing the “Post-Adoption Services Contact Preference Application Form”. Contact preferences 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. The contact preference is included in the corresponding adoption record.
- 4.3 An applicant who submits a contact preference may file a written statement with it that includes the following information:
- the reasons the person does not want to be contacted;
  - the specified manner the person only wants to be contacted by; 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 contact preference is on file, a Post-Adoption Services consultant would notify the applicant that a contact preference has been filed and of the preference stated, and provide the applicant with a copy of any written statement and/or non-identifying information that may have been included with the contact preference.
- 4.6 Once an applicant has been notified of the contact preference on the file, the person receiving the identifying information must agree to the terms of the contact preference by signing an Undertaking (example attached) before receiving the identifying information requested stating that they will not:
- knowingly fail to comply with the contact preference, either directly or indirectly;
  - intimidate or harass the person who filed the contact preference, either directly or indirectly;
  - publish any identifying information about the person who provided the contact preference.

- 4.7 If an applicant refuses to agree to the terms of the contact preference then they will not receive the requested identifying information.
- 4.8 A person who files a contact preference may modify or cancel the contact preference by completing a new “Post-Adoption Services Contact Preference Application Form” and specifying their updated request.
- 4.9 If Post-Adoption Services receives a contact preference indicating that a birth parent or adult adopted person has canceled or modified their contact preference and a previous request had been made by the alternative party for their identifying information, that individual would be contacted and advised of the change and provided with their requested identifying information.

**5.0 ATTACHMENT**

- 5.1 Post-Adoption Services Contact Preference Application Form
- 5.2 Undertaking Form
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# Contact Preference Application Form

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

**Office Use Only**

Date Received:

Submission ID:

Processed By:

A contact preference is a document that allows an individual to specify if or how they want to be contacted by another party of the adoption.

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 contact preference for each child placed for adoption.** Contact preferences 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 contact preference 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.

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

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*	Adoptive Parent #2: Full Name And Date Of Birth*
Birth Registration Number (From Birth Certificate)*	

### Section 1B: Birth Parent Information

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

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

## Section 1C: Contact Preference Service Request

All applicants must complete this section.

- Register a contact preference
  - If you have not submitted a contact preference in the past but want to submit one now, check this box and continue with the rest of the application.
  
- Modify a contact preference
  - If you have submitted a contact preference in the past but now want to modify it (i.e. to change how/if you are contacted), please check this box and continue with the rest of the application.
  
- Cancel a contact preference
  - If you have submitted a contact preference in the past but now want to remove it from your file, please check this box and continue with the rest of the application.

Date of previously submitted contact preference (if known or applicable):

\_\_\_\_\_   
 (DD/MM/YYYY)

## Section 1D: Contact Preference Information

All applicants must complete this section.

Check The Boxes Of The Type(s) Of Contact You Prefer\*

<input type="checkbox"/> No contact	<input type="checkbox"/> Contact at this telephone number by phone call:  (     )	<input type="checkbox"/> Contact at this telephone number by text message:  (     )
<input type="checkbox"/> Contact at this email address:		<input type="checkbox"/> Contact by another method (e.g. address for a written letter):

## Section 1E: Contact Preference Declaration

All applicants must complete this section

By selecting either the "Register a Contact Preference," "Modify a Contact Preference," or "Cancel a Contact Preference" in Section 1C of this form, and signing below, I understand and acknowledge that:

- The other person will be notified of how or if I wish to be contacted.
- My contact preference does not prevent my name and other identifying information from being released.
- The Director will not release my name and other identifying information unless the other person has signed an undertaking acknowledging their intention to follow through with the terms of my contact preference.
- Post-Adoption Services cannot guarantee that the other person will follow through with the terms of my contact preference.
- I may modify or cancel my contact preference at any time by submitting a new contact preference to Post-Adoption Services.
- My contact preference will no longer be valid upon my death.
- When filing a 'No Contact' Preference, I am able to voluntarily provide a written statement of my current family social/medical background information, which Post-Adoption Services may share with the individual(s) I have identified.

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Full Name (Printed)

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Full Name (Signature)

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Date (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 7. 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 “no contact” preference?**

**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)
  - Reading and accepting the terms within the declaration (pg. 4)
  - Including two pieces of ID with my application (such as a driver’s license, health card, passport or a birth certificate)
  - Reading and accepting the terms within the final checklist (p. 10)
- 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 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)

---

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)



Social Development  
and Housing

Développement social  
et Logement



Child and Family Services

Services à enfance et à la famille

161 St. Peters Road  
PO Box 2000, Charlottetown  
Prince Edward Island  
Canada C1A 7N8

161, chemin St. Peters  
C.P. 2000, Charlottetown  
Île-du-Prince-Édouard  
Canada C1A 7N8

**Undertaking Form**

**Prince Edward Island Post-Adoption Services**

I \_\_\_\_\_ (full name), of \_\_\_\_\_ (town, state/  
province and country) have been advised that a contact preference has been filed with  
the Director, pursuant to section 48.2 of the *Adoption Act*.

As such, pursuant to Section 48.2(4) of the *Adoption Act*, I undertake not to:

- A. Knowingly fail to comply with the contact preference, either directly or through another person;
- B. Intimidate or harass the person who filed the contact preference, either directly or through another person; or,
- C. Publish any identifying information about the person who provided the contact preference.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness of Declarant Signature

\_\_\_\_\_  
Date