



Dear Prospective Adoptive Family:

Welcome to Florida Adoption Center, LLC. We are pleased that you have reached out to our agency with the desire to adopt a child. We are a licensed, child-placing agency founded in 2012 that offers domestic adoption services, including match opportunities for waiting families, home studies, and post-placement supervision. We serve expectant parents, birth parents, and home study families in the state of Florida and waiting families anywhere in the United States.

Our programs include:

- ♥ Traditional Adoption Program
- ♥ Identified/Match Adoptions
- ♥ Adoption Home Studies and Post-Placement Supervision

If you are a **home study approved** family, you will become active immediately following the receipt of your completed application packet and fee. If you need a **home study conducted**, we are able to provide this service in our covered service areas in Florida. We provide references for home study services if you reside outside of our service area or in another state.

Once you join our adoption program, whether as a waiting family, a home study family, or a post-placement supervision family, it is essential that you notify us immediately if any of your circumstances change. Circumstances may include no longer being open to a placement (i.e., you are matched/ placed with another agency or became pregnant), updating your preferences, or moving. Alerting us quickly of any changes will ensure we have the most current information when a potential match situation arises.

Often, hopeful adoptive parents want to know **how to increase their chances of adopting a baby**. We encourage you to tell everyone you know about your decision to adopt a baby. Someone you know may learn of a situation and share it with you if they know you are looking to adopt. Secondly, we encourage you to discuss your level of comfort with regard to substance use and other various issues we experience with our expectant birth parents. You can discuss this with your consultant, home study provider, or us; we are all here to assist you on this journey.

For effective communication we rely upon email and encourage you to do so as well; this way your questions and concerns may be handled quickly and efficiently. Please direct your emails to the following addresses:



- ♥ WaitList@FloridaAdoptionCenter.com – For active and hopeful waiting families- This email address is for Nicole (waitlist contact).
- ♥ Office@FloridaAdoptionCenter.com – Home study inquiries and general questions -This email address goes to Carrie, Tiffany, and Tina.
- ♥ Carrie (birthparent contact & managing director), Tiffany (adoptive parent coordinator), or Tina (financial operations) may email you directly for assorted reasons. If you need us individually, our emails are our first name, followed by @FloridaAdoptionCenter.com.

When match situations become available, if your preferences align with the expectant parents, we will e-mail you a match summary of the situation. It is important that we also have your primary cell phone contact. Typically, we do not email or call you if no situations match your preferences which may result in long periods of inactivity from your vantage point. You will always be contacted immediately when we have a situation that matches your preferences.

Finally, we periodically (every 2-3 months) send out an informative newsletter via email. This provides general adoption information and may serve as an excellent resource for deepening your understanding of various adoption topics and answering questions that may arise while on your journey. Please reach out to us directly if you need more information on a specific topic or situation.

Welcome! We at Florida Adoption Center, LLC look forward to working with you.

Blessings and Love,



Carrie Thomas
Managing Director



Enclosed in this application packet are the below documents:

- ♥ FAC FAQ Sheet
- ♥ FAC Adoption Application
- ♥ Authorization to Release Profile
- ♥ Notice of Privacy Practice
- ♥ Notice of Privacy Practice Receipt

In addition to the items above, we need:

- ♥ Copy of your current approved home study
- ♥ Recent photo of your family
- ♥ Profile Book (Either one (1) hard copy **and** one (1) PDF copy **or** two (2) hard copies)
- ♥ Application fee of \$250

The above items should all be sent electronically, except for the physical profile. Fees should be paid by check and mailed with your profile or sent via PayPal. You may access PayPal through our Linktr.ee: <https://linktr.ee/fac1840>. On the bottom right, you will see a dollar sign; click the dollar sign, and it will send you to our PayPal account. Please note there is a surcharge from PayPal, so if you choose this option, the total charge will be **\$258**.

The Process: Once we have a potential match, we will send you the expectant parent summary via email to peruse and approve before your profile is presented for consideration. The expectant parent summary will include the baby's due date, gender, and race, as well as the estimated adoption budget, prenatal exposure, medical history, and the expectant mother's desired level of future contact with the child. We realize that not every situation is suitable for every family. With that in mind, if you decline to move forward with the potential presented match, you will continue to receive other match possibilities within your criteria as they are available.

Typical Questions:

How many families are on the waiting list? We work with consultants from around the United States and have chosen not to limit or close our waiting list to new families. Many families choose to be on multiple waiting lists. We constantly receive match and placement news from other entities and are always happy to hear that families are growing and that we played a small part in that journey.

We allow our families to be as selective as they want in their preferences; we have families that are openness-specific, gender-specific, ethnicity-specific, substance-specific, or any combination of these. The more specific the family's desires are, the smaller their prospective expectant moms' pool will be. As the expectant parents make the final



decision, the more selective families should expect that their potential wait time will be longer. When an expectant mom is ready to match, we crossmatch her preferences with waiting families' preferences. When both preferences match, the waiting family will receive an emailed expectant parent summary; every family that accepts the match possibility, will have their profile shown to the expectant mother.

How long is the wait for placement? The wait depends on your criteria, your openness, your preferences, and what you feel is the best plan for your family. Generally, most families stay on our list for 18-24 months. Any families on the waiting list longer than this usually have unique case scenarios. Of course, it is impossible to predict the waiting time for matches, selections, and births of babies.

How often do you offer us a match? The matching process occurs after our expectant families have committed to the adoption program. Typically, this is towards the middle of their second trimester of pregnancy. This extra time allows the agency to familiarize themselves with the expectant families and their needs while allowing the necessary bonding and relationship growth between expectant and adoptive parents. We believe the connections between birth and adoptive families are the threads that weave their child's life story. Not all situations will fit both expectant and adoptive parent criteria.

Can I place my application on a "hold" status? Yes, if you decide to place your file on a hold status (i.e. you are matched to an expectant mother through another agency, you chose to pursue fertility treatments, you become pregnant, or any other reason), you must notify the adoptive parent coordinator (WaitList@FloridaAdoptionCenter.com) who will place your file on hold for up to six (6) months. If you do not contact the adoptive parent coordinator before the expiration of the six (6) months to obtain an extension, your file will be closed, and your documents will be shredded. You must maintain a valid home study while you are on hold. If your file is closed, and you decide to re-apply to our agency at a later date, you will be responsible for starting the process over from the beginning.

Additional Information: Our adoptions average \$40,000-\$45,000. We collect approximately 2/3 of the adoption fee at the time of match, with the remainder due at placement.

We do not require that adopted children be vaccinated. However, vaccinations administered before the consent for adoption is signed defer to the expectant moms' decisions. You want to make sure you are upfront with the expectant mom during the matching process regarding your feelings on vaccinations. Disagreements over something as important as vaccinations at the hospital could cause an expectant mom to decline to sign their consent for adoption, thus causing disruption.



Florida Adoption Center LLC

Love Makes a Difference!

Interested In Working With Us? ... Here's Some Helpful Information!

We provide guidance, support, and training for our Adoptive Families by helping them navigate the legal and emotional process of adoption. Florida Adoption Center aims to provide exceptional uncompromising service at an affordable price, while maintaining professionalism.

Who We Are –

Florida Adoption Center (FAC) is a full-service child-placing agency licensed by the Florida Department of Children & Families since 2013.

Race & Gender –

We accept clients who are race and/or gender specific. The more open you are with race/gender, the more opportunities for an expectant parent to pick you.

Disruption Rate & Refunds –

At FAC, our disruption rates are extremely low. Since the start of our business, we have averaged less than one disruption a year, having a total of only nine (9) disruptions since we opened in 2012.

Should an adoption disrupt, the amount to be refunded would depend on the stage of the adoption at disruption. Any unused expectant parent funds would be refunded within 30 days of the disruption, and expectant moms are encouraged to set up a re-payment plan for funds spent on living expenses.

Average Waiting Time –

The waiting time is unpredictable due to both adoptive and expectant families having choices in their adoption plan. An estimated wait time is 18-24 months.

Who Can Adopt –

We work with persons over the age of 21, whether single persons, married couples, domestic partnerships, or common-law couples, and either traditional or same sex. We accept all faiths and races. We work strictly with expectant parents in Florida, but we work with adoptive families across the country.

Cost of Adoption –

The average cost of adoptions through the Florida Adoption Center is \$35,000 - \$45,000. This fee includes agency fees, expectant mom expenses, and legal fees through Termination of Parental Rights.

Expectant Parent Care –

FAC works closely with expectant parents to assist them in connecting with community resources, seeking prenatal care, mental health counseling, adoption openness counseling, and life skills. We work with them to develop a goal sheet and an action plan to achieve those goals.

Application Fee & Fee Schedule –

The initial application fee to become active with FAC is \$250. A fee schedule specific to your adoption will be sent out upon match. Approximately 2/3 of the adoption fee is collected at match, with the remainder due at placement. There is a \$100 annual renewal fee to stay active on our Waiting Families List.

Florida Law –

Expectant/Birth mothers are legally allowed to sign consents 48 hours after the birth of the baby. Consents are legal at the time of signing. Finalization is granted after the baby has placed with you for a minimum of 90 days and favorable post-placement reports have been filed with the courts.



Florida Adoption Center LLC

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Adoption Application

Today's Date: _____

Family Last Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Main Contact Cell Phone: _____ Main Contact E-Mail: _____

Alt Contact Cell Phone: _____ Alt Contact E-Mail: _____

****Only Main Contact will be added to Text list, Newsletter and Match e-mails. Alt will only be used if unable to contact main****

Your Home: (Apartment, Condo or House) _____ How long? _____ Rent ☐ Own ☐

Your Main Cell Phone number may be used from time to time to notify you of emailed situations. Your information will not be shared with any 3rd party organizations. Check the box below if you would like to opt out of text message notifications. ☐

Prospective Adoptive Parent #1 Information

Name: _____ DOB: _____

Employer: _____ Position: _____

Annual Salary: _____ Work Phone: _____

Religion: _____ Race: _____ Education: _____

Prospective Adoptive Parent #2 Information

Name: _____ DOB: _____

Employer: _____ Position: _____

Annual Salary: _____ Work Phone: _____

Religion: _____ Race: _____ Education: _____

Children:

Name	Birth Date	Birth or Adoption	Resides With	Nationality/Race
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete the following questions. Use additional paper if needed.

1. How did you hear about Florida Adoption Center LLC? (Name and e-mail, if available)

*****Please send a copy of your current approved home study, this application, recent family photo, profile book, Notice of Privacy Practice and Authorization to Release Profile, and the \$250 application fee.*****

Note: It is your responsibility to ensure that your home study complies with Florida Law.

2. Please indicate your **BUDGET** for this adoption: \$ _____
3. Do you have an approved up to date home study? Y ☐ N ☐ Date Approved: _____
By (Agency/Social Worker Name): _____

4. Why have you chosen to pursue adoption as a means of growing your family?

5. Please discuss any medical problems or chronic illness of either spouse. Please include past or current treatment for psychiatric or chemical dependency problems _____

6. Please describe the type of child you feel would fit into your family.

Adoption Preferences: (Check all that apply):

Level of openness: Closed only Y ☐ N ☐ Semi-Open (pictures and updates) Y ☐ N ☐
Semi-Open w/ option of future visits Y ☐ N ☐ Fully Open Y ☐ N ☐

Race: Caucasian ☐ Hispanic ☐ African American ☐ Bi-Racial ☐ Other ☐ _____

If Bi-Racial, what racial combination(s) are you open to? _____

Notes: _____

Age: Newborn ☐ Older child ☐ (Age Preference _____)

Gender: Male ☐ Female ☐

Lack of Pre-natal care: Y ☐ N ☐

Drug Exposed: Y ☐ N ☐

Willing to accept: Case-By-Case (Open to all on CBC) ☐ Marijuana ☐ Cocaine ☐
Methadone ☐ Alcohol ☐ Tobacco ☐ Opiates ☐ Methamphetamines ☐ Barbiturates ☐
Psychotropic ☐ Benzodiazepine ☐ Other ☐ _____

Special Needs (Select One): Y ☐ N ☐ Case-By-Case ☐ _____

Health Issues (Select One): Y ☐ N ☐ Case-By-Case ☐ _____

Mental Illness in Child's family (Select One): Y ☐ N ☐ Case-By-Case ☐ _____

7. **Willing to consider twins, triplets, etc.?** (Note: There will be additional costs, to be worked into the budget, when adopting multiples but this will **not** double or triple the cost of the adoption.) Y ☐ N ☐

We, the adoptive family, willingly submit the \$250.00 fee with this application. We acknowledge that this waiting list fee is non-refundable and that there is an annual renewal fee of \$100. Please make your check payable to Florida Adoption Center LLC and mail it to 1840 Sarno Road, Melbourne FL 32935. For questions e-mail WaitList@FloridaAdoptionCenter.com.

Signature: _____ Date: _____

Signature: _____ Date: _____

*****Please send a copy of your current approved home study, this application, recent family photo, profile book, Notice of Privacy Practice and Authorization to Release Profile, and the \$250 application fee.*****

Note: It is your responsibility to ensure that your home study complies with Florida Law.



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AUTHORIZATION TO RELEASE PROFILE

By our signatures below, we give Florida Adoption Center, LLC permission to use the following information in their promotional materials in order to assist us in successfully becoming adoptive parents:

Our (first) name, photograph, and non-identifying information about our family as a reference for Birthmothers who might consider us as adoptive parents for their children.

We agree for Florida Adoption Center to use our information when being presented individually (with permission).

Printed Name of Parent

Printed Name of Parent

Signature

Signature

Date

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____
DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Florida Adoption Center LLC, Notice of Privacy Practices.

I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Florida Adoption Center LLC located at:

1840 Sarno Road
Melbourne FL 32935

Signature of Client **Date**

Signature of Client **Date**

Signature or Parent, Guardian or Personal Representative * **Date**

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

☐ **Client Refuses to Acknowledge Receipt:**

Signature of Staff Member **Date**

Florida Adoption Center LLC
1840 Sarno Road, Melbourne FL 32935
Phone: (321) 250-5683 or (321) 766-5683 Fax: (321) 392-4042
E-mail: Office@floridaadoptioncenter.com Website: www.floridaadoptioncenter.com

Florida Adoption Center LLC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Florida Adoption Center LLC, 1840 Sarno Road, Melbourne FL 32935:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with the Florida Adoption Center LLC, 1840 Sarno Road, Melbourne, FL 32935, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is September 2013.

Florida Adoption Center LLC
1840 Sarno Road, Melbourne, FL 32935
Phone: (321) 250-5683 or (321) 766-5683 * Fax: (321) 392-4042
E-mail: Office@floridaadoptioncenter.com * Website: www.floridaadoptioncenter.com