LRB093 07707 LCB 16793 a

1	AMENDMENT TO HOUSE BILL 2504
2	AMENDMENT NO Amend House Bill 2504, AS AMENDED,
3	by replacing the title with "AN ACT concerning confidential
4	intermediaries."; and
5	by replacing everything after the enacting clause with the
6	following:
7	"Section 5. The Adoption Act is amended by changing
8	Sections 18.2, 18.3a, and 18.4 as follows:
9	(750 ILCS 50/18.2) (from Ch. 40, par. 1522.2)
10	Sec. 18.2. Forms.
11	(a) The form of the Birth Parent Registration
12	Identification Form shall be substantially as follows:
13	BIRTH PARENT REGISTRATION IDENTIFICATION
14	(Insert all known information)
15	I,, state that I am the (mother or father) of
16	the following child:
17	Child's original name: (first) (middle)
18	(last), (hour of birth), (date of
19	birth), (city and state of birth), (name
20	of hospital).
21	Father's full name: (first) (middle)

```
1
              (last), ..... (date of birth), ..... (city and state
 2
              of birth).
         Name of mother inserted on birth certificate: .....
 3
 4
              (first) ..... (middle) ..... (last), ..... (race),
 5
              ..... (date of birth), ..... (city and state of
6
              birth).
7
     That I surrendered my child to: ..... (name of
         agency), ..... (city and state of agency), .....
8
9
         (approximate date child surrendered).
     That I placed my child by private adoption: .... (date),
10
11
         ..... (city and state).
     Name of adoptive parents, if known: .....
12
     Other identifying information: .....
13
14
                                        15
                                           (Signature of parent)
16
     . . . . . . . . . . . . .
                                        (printed name of parent)
17
     (date)
                   form of the Adopted Person Registration
18
         (b) The
19
     Identification shall be substantially as follows:
20
                           ADOPTED PERSON
21
                     REGISTRATION IDENTIFICATION
                   (Insert all known information)
22
23
     I, ...., state the following:
         Adopted Person's present name: .... (first) .....
24
              (middle) ..... (last).
25
         Adopted Person's name at birth (if known): ..... (first)
26
              ..... (middle) ..... (last), ..... (birth date),
27
28
              ..... (city and state of birth), ..... (sex), .....
29
              (race).
30
         Name of adoptive father: ..... (first) ..... (middle)
              ..... (last), ..... (race).
31
         Maiden name of adoptive mother: ..... (first) .....
32
33
              (middle) ..... (last), ..... (race).
         Name of birth mother (if known): ..... (first) .....
34
```

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1
              (middle) ..... (last), ..... (race).
 2
         Name of birth father (if known): ..... (first) .....
              (middle) ..... (last), ..... (race).
 3
 4
         Name(s) at birth of sibling(s) having a common birth
 5
              parent with adoptee (if known): ..... (first) .....
              (middle) ..... (last), ..... (race), and name of
 6
 7
              common birth parent: .... (first) .... (middle)
 8
              ..... (last), ..... (race).
9
     I was adopted through: .... (name of agency).
     I was adopted privately: ..... (state "yes" if known).
10
11
     I was adopted in ..... (city and state), ..... (approximate
12
        date).
     Other identifying information: .....
13
14
15
                                           (signature of adoptee)
16
      . . . . . . . . . . .
                                        (printed name of adoptee)
17
     (date)
         (c) The form of the Surrendered Person Registration
18
19
     Identification shall be substantially as follows:
20
                    SURRENDERED PERSON REGISTRATION
21
                           IDENTIFICATION
                    (Insert all known information)
22
23
     I, ...., state the following:
24
         Surrendered Person's present name: ..... (first) .....
25
              (middle) ..... (last).
         Surrendered Person's name at birth (if known): .....
26
              (first) .... (middle) .... (last), .... (birth)
27
28
              date), ..... (city and state of birth), .....
29
              (sex), ..... (race).
30
         Name of guardian father: ..... (first) ..... (middle)
              ..... (last), ..... (race).
31
         Maiden name of guardian mother: ..... (first) .....
32
33
              (middle) ..... (last), ..... (race).
         Name of birth mother (if known): ..... (first) .....
34
```

```
1
              (middle) ..... (last) ..... (race).
 2
         Name of birth father (if known): ..... (first) .....
              (middle) ..... (last), .....(race).
 3
 4
         Name(s) at birth of sibling(s) having a common birth
 5
             parent with surrendered person (if known): .....
6
              (first) ..... (middle) ..... (last), ..... (race),
 7
              and name of common birth parent: .... (first) .....
8
              (middle) ..... (last), ..... (race).
9
     I was surrendered for adoption to: .... (name of agency).
     I was surrendered for adoption in .... (city and state),
10
11
         ..... (approximate date).
     Other identifying information: ......
12
13
                                 (signature of surrendered person)
14
15
     . . . . . . . . . . . .
                                          16
     (date)
                                         (printed name of person
                                       surrendered for adoption)
17
18
         (d) The form of the Information Exchange Authorization
19
     shall be substantially as follows:
20
                 INFORMATION EXCHANGE AUTHORIZATION
21
         I, ...., state that I am the person who completed the
     Registration Identification; that I am of the age of .....
22
     years; that I hereby authorize the Department of Public
23
24
     Health to give to my (birth parent) (birth sibling)
     (surrendered child) the following (please check
25
26
     information authorized for exchange):
                ] 1. Only my name and last known address.
27
28
                ] 2. A copy of my Illinois Adoption Registry
29
         Application.
              [ ] 3. A copy of the original certificate of live
30
         birth.
31
         I am fully aware that I can only be supplied with any
32
33
     information about my (birth parent) (birth sibling)
     (surrendered child) if such person has duly executed an
34
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1	Information Exchange Authorization for such information which
2	has not been revoked; that I can be contacted by writing to:
3	(own name or name of person to contact) (address)
4	(phone number).
5	Dated (insert date).
6	
7	(witness) (signature)
8	(e) The form of the Denial of Information Exchange shall
9	be substantially as follows:
10	DENIAL OF INFORMATION EXCHANGE
11	I,, state that I am the person who completed the
12	Registration Identification; that I am of the age of
13	years; that I hereby instruct the Department of Public Health
14	not to give any identifying information about me to my (birth
15	parent) (birth sibling) (surrendered child); that I do not
16	wish to be contacted.
17	Dated (insert date).
18	
19	(witness) (signature)
20	(f) The Information Exchange Authorization and the
21	Denial of Information Exchange shall be acknowledged by the
22	birth parent, birth sibling, adopted or surrendered person,
23	adoptive parent, or legal guardian before a notary public, in
24	form substantially as follows:
25	State of
26	County of
27	I, a Notary Public, in and for the said County, in the
28	State aforesaid, do hereby certify that
29	personally known to me to be the same person whose name is
30	subscribed to the foregoing certificate of acknowledgement,
31	appeared before me in person and acknowledged that (he or
32	she) signed such certificate as (his or her) free and
33	voluntary act and that the statements in such certificate are

1	true.
2	Given under my hand and notarial seal on (insert date).
3	
4	(signature)
5	(g) When the execution of an Information Exchange
6	Authorization or a Denial of Information Exchange is
7	acknowledged before a representative of an agency, such
8	representative shall have his signature on said Certificate
9	acknowledged before a notary public, in form substantially as
10	follows:
11	State of
12	County of
13	I, a Notary Public, in and for the said County, in the
14	State aforesaid, do hereby certify that personally
15	known to me to be the same person whose name is subscribed to
16	the foregoing certificate of acknowledgement, appeared before
17	me in person and acknowledged that (he or she) signed such
18	certificate as (his or her) free and voluntary act and that
19	the statements in such certificate are true.
20	Given under my hand and notarial seal on (insert date).
21	
22	(signature)
23	(h) When an Illinois Adoption Registry Application,
24	Information Exchange Authorization or a Denial of Information
25	Exchange is executed in a foreign country, the execution of
26	such document shall be acknowledged or affirmed before an
27	officer of the United States consular services.
28	(i) If the person signing an Information Exchange
29	Authorization or a Denial of Information is in the military
30	service of the United States, the execution of such document
31	may be acknowledged before a commissioned officer and the
32	signature of such officer on such certificate shall be

verified or acknowledged before a notary public or by such

- 1 other procedure as is then in effect for such division or
- 2 branch of the armed forces.
- (j) The Department shall modify these forms as necessary 3
- 4 implement the provisions of this amendatory Act of 1999
- including creating Registration Identification Forms for 5
- non-surrendered birth siblings, adoptive parents and legal 6
- 7 guardians.

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- (Source: P.A. 91-357, eff. 7-29-99; 91-417, eff. 1-1-00.) 8
- (750 ILCS 50/18.3a) (from Ch. 40, par. 1522.3a) 9
- 10 Sec. 18.3a. Confidential intermediary. (a) General
- purposes. Notwithstanding any other provision of this Act, 11
- any adopted person 21 years of age or over, any adoptive 12
- parent or legal guardian of an adopted person under the age 13
- 14 of 21, or any birth parent of an adopted person who is 21
- 15 years of age or over may petition the court in any county in
- the State of Illinois for appointment of a confidential 16
- intermediary as provided in this Section for the purpose of 17
- exchanging medical information with one or more mutually 18
- consenting biological relatives, obtaining identifying 19
- 20 information about one or more mutually consenting biological

relatives, or arranging contact with one or more mutually

consenting biological relatives. Additionally, in cases where

- an adopted or surrendered person is deceased, an adult child
- 24 of the adopted or surrendered person may file a petition
- 25 under this Section and in cases where the birth parent is
- deceased, an adult birth sibling of the adopted person or of 26
- the deceased birth parent may file a petition under this 27
- 28 Section for the purpose of exchanging medical information
- with one or more mutually consenting biological relatives, 29
- 30 obtaining identifying information about one or more mutually
- consenting biological relatives, or arranging contact with 31
- 32 one or more mutually consenting biological relatives.
- (b) Petition. Upon petition by an adopted person 21 33

1 years of age or over, an adoptive parent or legal guardian of 2 an adopted person under the age of 21, or a birth parent of 3 an adopted person who is 21 years of age or over, the court 4 shall appoint a confidential intermediary. Upon petition by an adult child of an adopted person who is deceased or by an 5 adult birth sibling of an adopted person whose birth parent 6 7 is deceased or by an adult sibling of a birth parent who is 8 deceased, the court may appoint a confidential intermediary 9 if the court finds that the disclosure is of greater benefit than nondisclosure. The petition shall state which biological 10 11 relative or relatives are being sought and shall indicate if 12 the petitioner wants to do any one or more of the following: 13 exchange medical information with the biological relative or relatives, obtain identifying information from the biological 14 15 relative or relatives, or to arrange contact with the 16 biological relative. (c) Order. The order appointing the confidential 17

(c) Order. The order appointing the confidential intermediary shall allow that intermediary to conduct a search for the sought-after relative by accessing those records described in subsection (g) of this Section.

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- 21 (d) Fees and expenses. The court shall condition the
 22 appointment of the confidential intermediary on the
 23 petitioner's payment of the intermediary's fees and expenses
 24 in advance of the commencement of the work of the
 25 confidential intermediary.
- (e) Eligibility of intermediary. The court may appoint 26 as confidential intermediary either an employee of the 27 Illinois Department of Children and Family Services 28 29 designated by the Department to serve as such, any other person certified by the Department as qualified to serve as a 30 31 confidential intermediary, or any employee of a licensed child welfare agency certified by the agency as qualified to 32 33 serve as a confidential intermediary. Certification shall be dependent upon the confidential intermediary completing a 34

course of training including, but not limited to, applicable
federal and State privacy laws.

- (f) Confidential Intermediary Council. There shall be 3 4 established under the Department of Children and Family Services a Confidential Intermediary Advisory Council. One 5 member shall be an attorney representing the Attorney 6 General's Office appointed by the Attorney General. One 7 member shall be a currently certified confidential 8 9 intermediary appointed by the Director of the Department of Children and Family Services. The Director shall also 10 appoint 5 additional members. When making those 11 appointments, the Director shall consider advocates for 12 13 adopted persons, adoptive parents, birth parents, lawyers who represent clients in private adoptions, lawyers specializing 14 15 in privacy law, and representatives of agencies involved in 16 adoptions. The Director shall appoint one of the 7 members 17 as the chairperson. An attorney from the Department of Children and Family Services and the person directly 18 responsible for administering the confidential intermediary 19 program shall serve as ex-officio, non-voting advisors to the 20 Council. Council members shall serve at the discretion of 21 22 the Director and shall receive no compensation other than reasonable expenses approved by the Director. The Council 23 24 shall meet no less than twice yearly, and shall make 25 recommendations to the Director regarding the development of rules, procedures, and forms that will ensure efficient and 26 effective operation of the confidential intermediary process, 27 28 including:
- 29 <u>(1) Standards for certification for confidential</u>
 30 <u>intermediaries.</u>
- 31 (2) Oversight of methods used to verify that
 32 intermediaries are complying with the appropriate laws.
- (3) Training for confidential intermediaries,
 including training with respect to federal and State

1 privacy laws.

2 (4) The relationship between confidential
3 intermediaries and the court system, including the
4 development of sample orders defining the scope of the
5 intermediaries' access to information.

4 intermediaries' access to information. 5 (5) Any recent violations of policy or procedures 6 7 by confidential intermediaries and remedial steps, including decertification, to prevent future violations. 8 9 (g) Access. Subject to the limitations of subsection 10 (i) of this Section, the confidential intermediary shall have access to vital records maintained by the Department of 11 Public Health and its local designees for the maintenance of 12 vital records and all records of the court or any adoption 13 agency, public or private, which relate to the adoption or 14 15 the identity and location of an adopted person, of an adult 16 child of a deceased adopted person, or of a birth parent, birth sibling, or the sibling of a deceased birth parent. 17 The confidential intermediary shall not have access to any 18 personal health information protected by the Standards for 19 Privacy of Individually Identifiable Health Information 20 adopted by the U.S. Department of Health and Human Services 21 22 under the Health Insurance Portability and Accountability Act of 1996 unless the confidential intermediary has obtained 23 24 written consent from the person whose information is being sought or, if that person is a minor child, that person's 25 parent or quardian. Confidential intermediaries shall be 26 authorized to inspect confidential relinquishment and 27 adoption records. The confidential intermediary shall not be 28 authorized to access medical records, financial records, 29 credit records, banking records, home studies, attorney file 30 31 records, or other personal records. In cases where a birth parent is being sought, an adoption agency shall inform the 32 confidential intermediary of any statement filed pursuant to 33 Section 18.3 indicating a desire of the surrendering birth 34

1 parent to have identifying information shared or to not have identifying information shared. If there was a clear 2 statement of intent by the sought-after birth parent not to 3 4 have identifying information shared, the confidential intermediary shall discontinue the search and inform the 5 petitioning party of the sought-after relative's intent. 6 Additional information provided to the confidential 7 8 intermediary by an adoption agency shall be restricted to the 9 full name, date of birth, place of birth, last known address, and last known telephone number of the sought-after relative 10 or, if applicable, of the children or siblings of the 11 12 sought-after relative. (h) Adoption agency disclosure of medical 13 information. If the petitioner is an adult adopted person or 14 the adoptive parent of a minor and if the petitioner has 15 16 signed a written authorization to disclose personal medical information, an adoption agency disclosing information to a 17 confidential intermediary shall disclose available medical 18 information about the adopted person from birth through 19 20 adoption. (i) Duties of confidential intermediary in conducting a 2.1 22 search. In conducting a search under this Section, the confidential intermediary shall first confirm that there is 23 no Denial of Information Exchange on file with the Illinois 24 25 Adoption Registry. If the petitioner is an adult child of an adopted person who is deceased, the confidential intermediary 26 shall additionally confirm that the adopted person did not 27 file a Denial of Information Exchange with the Illinois 28 Adoption Registry during his or her life. If the petitioner 29 is an adult birth sibling of an adopted person or an adult 30 31 sibling of a birth parent who is deceased, the confidential intermediary shall additionally confirm that the birth parent 32 did not file a Denial of Information Exchange with the 33

Registry during his or her life. If the confidential

- 1 intermediary learns that a sought-after birth parent signed a statement indicating his or her intent not to have 2 identifying information shared, and did not later file an 3 4 Information Exchange Authorization with the Adoption Registry, the confidential intermediary shall discontinue the 5 search and inform the petitioning party of the birth parent's 6 7 intent. 8 In conducting a search under this Section, the confidential intermediary shall attempt to locate the 9 10 relative or relatives from whom the petitioner has requested information. If the sought-after relative is deceased or 11 12 cannot be located after a diligent search, the confidential intermediary may contact adult biological relatives of the 13 sought-after relative. 14 The confidential intermediary shall contact 15 16 sought-after relative on behalf of the petitioner in a manner 17 that respects the sought-after relative's privacy and shall inform the sought-after relative of the petitioner's request 18 for medical information, identifying information or contact 19 as stated in the petition. Based upon the terms of the 20 petitioner's request, the confidential intermediary shall 2.1 22 contact a sought-after relative on behalf of the petitioner and inform the sought-after relative of the following 23 24 options: (1) The sought-after relative may totally reject one or 25 all of the requests for medical information, identifying 26 information or contact. The sought-after relative shall be 27 informed that they can provide a medical questionnaire to be 28 29 forwarded to the petitioner without releasing any identifying information. The confidential intermediary shall inform the 30 31 petitioner of the sought-after relative's decision to reject the sharing of information or contact. 32
- 33 (2) The sought-after relative may consent to completing 34 a medical questionnaire only. In this case, the confidential

subjects me to civil liability and to a potential finding

1	of contempt of court
2	SUBSCRIBED AND SWORN to before me, a Notary Public, on
3	(insert date)
4	<u></u> "
5	(k) Sanctions.
6	(1) Any confidential intermediary who improperly
7	discloses confidential information identifying a
8	sought-after relative shall be liable to the sought-after
9	relative for damages and may also be found in contempt of
10	court.
11	(2) Any person who learns a sought-after relative's
12	identity, directly or indirectly, through the use of
13	procedures provided in this Section and who improperly
14	discloses information identifying the sought-after
15	relative shall be liable to the sought-after relative for
16	actual damages plus minimum punitive damages of \$10,000.
17	(3) The Department shall fine any confidential
18	intermediary who improperly discloses confidential
19	information in violation of item (1) or (2) of this
20	subsection (k) an amount up to \$2,000 per improper
21	disclosure. This fine does not affect civil liability
22	under item (2) of this subsection (k). The Department
23	shall deposit all fines and penalties collected under
24	this Section into the Illinois Adoption Registry and
25	Medical Information Fund.
26	(1) Death of person being sought. Notwithstanding any
27	other provision of this Act, if the confidential intermediary
28	discovers that the person being sought has died, he or she
29	shall report this fact to the court, along with a copy of the
30	death certificate.
31	(m) Any confidential information obtained by the
32	confidential intermediary during the course of his or her
33	search shall be kept strictly confidential and shall be used
34	for the purpose of arranging contact between the petitioner

(b)--Petition:--The-court-shall--appoint--a--confidential intermediary--for-the-purposes-described-in-subsection-(f)-if the-petitioner-shows-the-following:

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(1)--the-adopted--person--is--suffering--or--may--be expected--to-suffer-in-the-future-from-a-life-threatening or-substantially-incapacitating-physical-illness--of--any nature,---or--a---psychological---disturbance--which--is

1 substantially-incapacitating-but-not-life-threatening,-or 2 a-mental-illness-which,-in-the--opinion--of--a--physician 3 licensed--to-practice-medicine-in-all-its-branches,-is-or could-be-genetically-based-to-a-significant-degree; 4 5 (2)--the-treatment-of-the--adopted--person,--in--the opinion--of--a-physician-licensed-to-practice-medicine-in 6 7 all-of-its-branches,--would--be--materially--assisted--by 8 information--obtainable--from--the-birth-parents-or-might 9 benefit-from-the-provision--of--organs--or--other--bodily 10 tissues,--materials,--or--fluids--by-the-birth-parents-or other-close-biological-relatives;-and 11 12 (3)--there--is--neither--an---Information---Exchange 13 Authorization--nor-a-Denial-of-Information-Exchange-filed 14 in-the-Registry-as-provided-in-Section-18.1. 15 The-affidavit-or--testimony--of--the--treating--physician 16 shall--be--conclusive--on-the-issue-of-the-utility-of-contact 17 with-the-birth--parents--unless--the--court--finds--that--the relationship--between--the--illness--to--be--treated--and-the 18 19 alleged-need-for-contact-is-totally-without-foundation. 20 (c)--Fees-and-expenses.--The-court--shall--condition--the 21 appointment--of--the-confidential-intermediary-on-the-payment 22 of-the-intermediary's-fees-and-expenses--in--advance,--unless the--intermediary-waives-the-right-to-full-advance-payment-or 23 24 to-any-reimbursement-at-all-25 (d)--Eligibility-of-intermediary---The-court-may--appoint as--confidential--intermediary--either--an--employee--of--the 26 27 Illinois---Department---of---Children---and--Family--Services 28 designated-by-the-Department-to--serve--as--such,--any--other 29 person-certified-by-the-Department-as-qualified-to-serve-as-a 30 confidential--intermediary,--or--any--employee--of-a-licensed 31 child-welfare-agency-certified-by-the-agency-as-qualified--to serve-as-a-confidential-intermediary. 32 33 (e)--Access:--Notwithstanding-any-other-provision-of-law,

the--confidential--intermediary--shall--have--access--to--all

1	(2)Ifa-birth-parent-so-desires,-to-arrange-for-a
2	confidential-communication-with-the-treating-physician-to
3	discusstheneedfortherequestedinformationor
4	assistance.
5	(3)Ifabirthparentagreestoprovidethe
6	information-or-assistance-sought-but-wishestomaintain
7	hisorher-privacy,-to-arrange-for-the-provision-of-the
8	informationorassistancetothephysicianinas
9	confidentialamanneras-possible-so-as-to-protect-the
10	privacy-of-the-birth-parent-and-minimizethelikelihood
11	of-disclosure-of-the-birth-parent's-identity.
12	(g)Oath:Theconfidential-intermediary-shall-sign-an
13	eath-ef-confidentiality-substantially-as-fellews:
14	"I,,-being-duly-sworn,-on-oath-depose-and
15	say:As-a-condition-ofappointmentasaconfidential
16	intermediary,-I-affirm-that:
17	(1)I-will-not-disclose-to-the-petitioner,-directly
18	orindirectly,anyinformationaboutthe-identity-or
19	location-of-the-birth-parent-whoseassistanceisbeing
20	soughtfor-medical-reasons-except-in-a-manner-consistent
21	with-the-law.
22	(2)Irecognizethatviolationofthisoath
23	subjectsmetocivilliabilityand-to-being-found-in
24	contempt-of-court.
25	***********************
26	SUBSCRIBED-AND-SWORN-to-before-me,-a-NotaryPublic,
27	on-(insert-date).
28	
29	(h)Sanctions.
30	(1)Anyconfidentialintermediarywho-improperly
31	discloses-information-identifying-a-birth-parent-shall-be
32	liable-to-the-birth-parent-for-damages-andmayalsobe
33	found-in-contempt-of-court-
	Today III Consempt of Court.

(2)--Any---person---who---learns--a--birth--parent's

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identity,-directly-or--indirectly,--through--the--use--of
procedures--provided--in--this-Section-and-who-improperly
discloses-information-identifying-the-birth-parent--shall
be--liable--to--the--birth-parent-for-actual-damages-plus
minimum-punitive-damages-of-$10,000.

i)--Death-of-birth--parent---Notwithstanding--any--other
provision--of--this--Act,--if--the--confidential-intermediary
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provision--of--this--Act,--if--the--confidential-intermediary
discovers-that-the-person--whose--assistance--is--sought--has
died,--he--or--she-shall-report-this-fact-to-the-court,-along
with-a-copy-of-the-death-certificate.

11 (Source: P.A. 91-357, eff. 7-29-99; 91-417, eff. 1-1-00.)

12 (750 ILCS 50/18.4) (from Ch. 40, par. 1522.4)

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Sec. 18.4. (a) The agency, Department of Children and Family Services, Court Supportive Services, Juvenile Division of the Circuit Court, or the Probation Officers of the Circuit Court involved in the adoption proceedings shall give in writing the following <u>non-identifying</u> information, known, to the adoptive parents not later than the date of placement with the petitioning adoptive parents: (i) age of biological parents; (ii) their race, religion and ethnic background; (iii) general physical appearance of biological parents; (iv) their education, occupation, hobbies, interests and talents; (v) existence of any other children born to the biological parents; (vi) information about biological grandparents; reason for emigrating into the United States, if applicable, and country of origin; (vii) relationship between biological parents; and (viii) detailed medical and mental health histories of the child, the biological parents, and their immediate relatives; and (ix) the actual date and place of birth of the adopted person. However, no information provided under this subsection shall disclose the name or last known address of the biological parents, grandparents, the siblings of the biological parents, the

- 1 adopted person, or any other relative of the adopted person.
- 2 (b) Any adoptee 18 years of age or over shall be given
- the information in subsection (a) upon request. 3
- 4 (c) The Illinois Adoption Registry shall release any
- non-identifying information listed in (a) of this Section 5
- that appears on the certified copy of the original birth 6
- certificate or the Certificate of Adoption to an adopted 7
- person, adoptive parent, or legal quardian who is a 8
- 9 registrant of the Illinois Adoption Registry.
- 10 (d) The Illinois Adoption Registry shall release the
- 11 actual date and place of birth of an adopted person who is 21
- years of age or over to the birth parent if the birth parent 12
- is a registrant of the Illinois Adoption Registry and has 13
- completed a Medical Information Exchange Authorization. 14
- (e) The Illinois Adoption Registry shall release 15
- 16 information regarding the date the adoption was finalized and
- the county in which the adoption was finalized to a certified 17
- confidential intermediary upon submission of a court order. 18
- 19 (f) In cases where the Illinois Adoption Registry
- possesses information indicating that an adopted person who 20
- 2.1 is 21 years of age or over was adopted in a state other than
- 22 Illinois or a country other than the United States, the
- Illinois Adoption Registry shall release the name of the 23

state or country where the adoption was finalized and, if

registrant of the Illinois Adoption Registry, provided the

- available, the agency involved in the adoption to a
- registrant is not the subject of a Denial of Information 27
- Exchange and the registrant has completed a Medical 28
- 29 <u>Information Exchange Authorization.</u>

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- (q) (e) Any of the above available information for any 30
- adoption proceedings completed before the effective date of 31
- this Act shall be supplied to the adoptive parents or an 32
- adoptee 18 years of age or over upon request. 33
- (h) (d) The agency, Department of Children and Family 34

- 1 Services, Court Supportive Services, Juvenile Division of the
- 2 Circuit Court, the Probation Officers of the Circuit Court
- 3 and any other governmental bodies having any of the above
- 4 information shall retain the file until the adoptee would
- 5 have reached the age of 99 years.
- 6 (Source: P.A. 87-617.)".