

1 AN ACT concerning families.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Adoption Act is amended by changing Sections
5 18.04, 18.05, 18.06, 18.1, 18.1a, 18.1b, 18.2, 18.3, and 18.3a
6 as follows:

7 (750 ILCS 50/18.04)

8 Sec. 18.04. The Illinois Adoption Registry and Medical
9 Information Exchange; legislative intent. The General Assembly
10 recognizes the importance of creating a procedure by which
11 mutually consenting adult members of birth and adoptive
12 ~~families, adoptive parents and legal guardians of adopted and~~
13 ~~surrendered children,~~ and adult adopted or surrendered persons
14 may voluntarily exchange vital medical information throughout
15 the life of the adopted or surrendered person. The General
16 Assembly supports public policy that requires explicit mutual
17 consent prior to the release of confidential information. The
18 General Assembly further recognizes that it is in the best
19 interest of adopted and surrendered persons that birth family
20 medical histories and the preferences regarding contact of all
21 parties to an adoption be compiled, preserved and provided to
22 mutually consenting members of birth and adoptive families.
23 ~~adoptive parents and legal guardians of adopted or surrendered~~
24 ~~children and to adult adopted or surrendered persons and their~~
25 ~~birth parents and siblings. The purpose of this amendatory Act~~
26 ~~of 1999 is to respond to these concerns by enhancing the~~
27 ~~Adoption Registry and creating the voluntary Medical~~
28 ~~Information Exchange.~~

29 (Source: P.A. 91-417, eff. 1-1-00.)

30 (750 ILCS 50/18.05)

31 Sec. 18.05. The Illinois Adoption Registry and Medical

1 Information Exchange.

2 (a) General function. Subject to appropriation, the
3 Department of Public Health shall administer ~~redefine the~~
4 ~~function of~~ the Illinois Adoption Registry and ~~create the~~
5 Medical Information Exchange in the manner outlined in
6 subsections (b) and (c) for the purpose of facilitating the
7 voluntary exchange of medical information between mutually
8 consenting members of birth and adoptive families. ~~birth~~
9 ~~parents or birth siblings and mutually consenting adoptive~~
10 ~~parents or legal guardians of adopted or surrendered persons~~
11 ~~under the age of 21 or adopted or surrendered persons 21 years~~
12 ~~of age or over.~~ The Department shall establish rules for the
13 confidential operation of the Illinois Adoption Registry. The
14 ~~Beginning January 1, 2000, the~~ Department shall conduct a
15 public information campaign through public service
16 announcements and other forms of media coverage and, until
17 December 31, 2010 ~~for a minimum of 4 years,~~ through notices
18 enclosed with driver's license renewal applications, shall
19 inform the public ~~adopted and surrendered persons born,~~
20 ~~surrendered, or adopted in Illinois and their adoptive parents,~~
21 ~~legal guardians, birth parents and birth siblings~~ of the
22 Illinois Adoption Registry and Medical Information Exchange.
23 ~~The Department shall notify all parties who registered with the~~
24 ~~Illinois Adoption Registry prior to January 1, 2000 of the~~
25 ~~provisions of this amendatory Act of 1999.~~ The Illinois
26 Adoption Registry shall also maintain an informational
27 Internet site where interested parties may access information
28 about the Illinois Adoption Registry and Medical Information
29 Exchange and download all necessary application forms. The
30 Illinois Adoption Registry shall maintain statistical records
31 regarding Registry participation and publish and circulate to
32 the public informational material about the function and
33 operation of the Registry.

34 (b) Establishment of the Adoption/Surrender Records File.
35 When a person has voluntarily registered with the Illinois
36 Adoption Registry and completed an Illinois Adoption Registry

1 Application or a Registration Identification Form, the
2 Registry shall establish a new Adoption/Surrender Records
3 File. Such file may concern an adoption that was finalized by a
4 court action in the State of Illinois, an adoption of a person
5 born in Illinois finalized by a court action in a state other
6 than Illinois or in a foreign country, or a surrender taken in
7 the State of Illinois. Such file may be established for
8 adoptions or surrenders finalized prior to as well as after the
9 effective date of this amendatory Act ~~of 1999~~. A file may be
10 created in any manner to preserve documents including but not
11 limited to microfilm, optical imaging, or electronic
12 documents.

13 (c) Contents of the Adoption/Surrender Records File. An
14 established Adoption/Surrender Records File shall be limited
15 to the following items, to the extent that they are available:

16 (1) The General Information Section and Medical
17 Information Exchange Questionnaire of any Illinois
18 Adoption Registry Application or a Registration
19 Identification Form which has been voluntarily completed
20 by any registered party ~~the adopted or surrendered person~~
21 ~~or his or her adoptive parents, legal guardians, birth~~
22 ~~parents, or birth siblings.~~

23 (2) Any photographs voluntarily provided by any
24 registrant for any other registered party ~~the adopted or~~
25 ~~surrendered person or his or her adoptive parents, legal~~
26 ~~guardians, birth parents, or birth siblings~~ at the time of
27 registration or any time thereafter. All such photographs
28 shall be submitted in an unsealed envelope no larger than 8
29 1/2" x 11", and shall not include identifying information
30 pertaining to any person other than the registrant who
31 submitted them. Any such identifying information shall be
32 redacted by the Department or the information shall be
33 returned for removal of identifying information.

34 (3) Any Information Exchange Authorization or Denial
35 of Information Exchange which has been filed by a
36 registrant.

1 (4) For all adoptions finalized after January 1, 2000,
2 copies of the original certificate of live birth and the
3 certificate of adoption.

4 (5) Any updated address submitted by any registered
5 party about himself or herself.

6 (6) Any proof of death which has been submitted by a
7 registrant ~~an adopted or surrendered person, adoptive~~
8 ~~parent, legal guardian, birth parent, or birth sibling.~~

9 (7) Any birth certificate that has been submitted by a
10 registrant.

11 (8) Any marriage certificate that has been submitted by
12 a registrant.

13 (9) Any proof of guardianship that has been submitted
14 by a registrant.

15 (Source: P.A. 91-417, eff. 1-1-00.)

16 (750 ILCS 50/18.06)

17 Sec. 18.06. Definitions. When used in Sections 18.05
18 through Section 18.6, for the purposes of the Registry:

19 "Adopted person" means a person who was adopted pursuant to
20 the laws in effect at the time of the adoption.

21 "Adoptive parent" means a person who has become a parent
22 through the legal process of adoption.

23 "Adult child" means the biological child 21 years of age or
24 over of a deceased adopted or surrendered person.

25 "Agency" means a public child welfare agency or a licensed
26 child welfare agency.

27 "Birth aunt" means the adult full or half sister of a
28 deceased birth parent.

29 "Birth father" means the biological father of an adopted or
30 surrendered person who is named on the original certificate of
31 live birth or on a consent or surrender document, or a
32 biological father whose paternity has been established by a
33 judgment or order of the court, pursuant to the Illinois
34 Parentage Act of 1984.

35 "Birth mother" means the biological mother of an adopted or

1 surrendered person.

2 "Birth parent" means a birth mother or birth father of an
3 adopted or surrendered person.

4 "Birth relative" means a birth mother, birth father, birth
5 sibling, birth aunt, or birth uncle.

6 "Birth sibling" means the adult full or half sibling of an
7 adopted or surrendered person.

8 "Birth uncle" means the adult full or half brother of a
9 deceased birth parent.

10 "Denial of Information Exchange" means an affidavit
11 completed by a registrant with the Illinois Adoption Registry
12 and Medical Information Exchange denying the release of
13 identifying information.

14 "Information Exchange Authorization" means an affidavit
15 completed by a registrant with the Illinois Adoption Registry
16 and Medical Information Exchange authorizing the release of
17 identifying information.

18 "Medical Information Exchange Questionnaire" means the
19 medical history questionnaire completed by a registrant of the
20 Illinois Adoption Registry and Medical Information Exchange.

21 "Proof of death" means a death certificate.

22 "Registrant" or "Registered Party" means a birth parent,
23 birth sibling, birth aunt, birth uncle, adopted or surrendered
24 person 21 years of age or over, ~~the age of 21, or~~ adoptive
25 parent or legal guardian of an adopted or surrendered person
26 under the age of 21, or adoptive parent, surviving spouse, or
27 adult child of a deceased adopted or surrendered person who has
28 filed an Illinois Adoption Registry Application or
29 Registration Identification Form with the Registry.

30 "Surrendered person" means a person whose parents' rights
31 have been surrendered or terminated but who has not been
32 adopted.

33 "Surviving spouse" means the wife or husband of a deceased
34 adopted or surrendered person who has one or more biological
35 children under the age of 21.

36 (Source: P.A. 91-417, eff. 1-1-00.)

1 (750 ILCS 50/18.1) (from Ch. 40, par. 1522.1)

2 Sec. 18.1. Disclosure of identifying information.

3 (a) The Department of Public Health shall establish and
4 maintain a Registry for the purpose of providing identifying
5 information to mutually consenting members of birth and
6 adoptive families ~~adult adopted or surrendered persons, birth~~
7 ~~parents, adoptive parents, legal guardians and birth siblings.~~

8 Identifying information for the purpose of this Act shall mean
9 any one or more of the following:

10 (1) The name and last known address of the consenting
11 person or persons.

12 (2) A copy of the Illinois Adoption Registry
13 Application of the consenting person or persons.

14 (3) A copy of the original certificate of live birth of
15 the adopted or surrendered person.

16 Written authorization from all parties identified must be
17 received prior to disclosure of any identifying information.

18 (b) At any time after a child is surrendered for adoption,
19 or at any time during the adoption proceedings or at any time
20 thereafter, either birth parent or both of them may file with
21 the Registry a Birth Parent Registration Identification Form
22 and an Information Exchange Authorization or a Denial of
23 Information Exchange.

24 (b-5) A birth sibling 21 years of age or over who was not
25 surrendered for adoption and who has submitted a copy of his or
26 her birth certificate as well as proof of death for a deceased
27 birth parent and such birth parent did not file a Denial of
28 Information Exchange with the Registry prior to his or her
29 death may file a Registration Identification Form and an
30 Information Exchange Authorization or a Denial of Information
31 Exchange.

32 (b-7) A birth aunt or birth uncle who has submitted birth
33 certificates for himself or herself and for a deceased birth
34 parent naming at least one common biological parent as well as
35 proof of death for the deceased birth parent and such birth

1 parent did not file a Denial of Information Exchange with the
2 Registry prior to his or her death may file a Registration
3 Identification Form and an Information Exchange Authorization
4 or a Denial of Information Exchange.

5 (c) Any adopted person ~~over the age of 21~~ years of age or
6 over, any surrendered person ~~over the age of 21~~ years of age or
7 over, or any adoptive parent or legal guardian of an adopted or
8 surrendered person under the age of 21 may file with the
9 Registry a Registration Identification Form and an Information
10 Exchange Authorization or a Denial of Information Exchange.

11 (c-3) Any adult child 21 years of age or over of a deceased
12 adopted or surrendered person who has submitted a copy of his
13 or her birth certificate naming an adopted or surrendered
14 person as his or her biological parent as well as proof of
15 death for the deceased adopted or surrendered person and such
16 adopted or surrendered person did not file a Denial of
17 Information Exchange with the Registry prior to his or her
18 death may file a Registration Identification Form and an
19 Information Exchange Authorization or a Denial of Information
20 Exchange.

21 (c-5) Any surviving spouse of a deceased adopted or
22 surrendered person 21 years of age or over who has submitted
23 proof of death for the deceased adopted or surrendered person
24 and such adopted or surrendered person did not file a Denial of
25 Information Exchange with the Registry prior to his or her
26 death as well as a birth certificate naming themselves and the
27 adopted or surrendered person as the parents of a minor child
28 under the age of 21 may file a Registration Identification Form
29 and an Information Exchange Authorization or a Denial of
30 Information Exchange.

31 (c-7) Any adoptive parent or legal guardian of a deceased
32 adopted or surrendered person 21 years of age or over who has
33 submitted proof of death as well as proof of parentage or
34 guardianship for the deceased adopted or surrendered person and
35 such adopted or surrendered person did not file a Denial of
36 Information Exchange with the Registry prior to his or her

1 death may file a Registration Identification Form and an
2 Information Exchange Authorization or a Denial of Information
3 Exchange.

4 (d) The Department of Public Health shall supply to the
5 adopted or surrendered person or his or her adoptive parents,
6 ~~or~~ legal guardians, adult children or surviving spouse, and to
7 the birth parents identifying information only if both the
8 adopted or surrendered person, or one of his or her adoptive
9 parents, ~~or~~ legal guardians, adult children or his or her
10 surviving spouse, and the birth parents have filed with the
11 Registry an Information Exchange Authorization and the
12 information at the Registry indicates that the consenting
13 adopted or surrendered person, ~~or~~ the child of the consenting
14 adoptive parents or legal guardians, the parent of the
15 consenting adult child of the adopted or surrendered person, or
16 the deceased wife or husband of the consenting surviving spouse
17 is the child of the consenting birth parents.

18 The Department of Public Health shall supply to adopted or
19 surrendered persons who are birth siblings identifying
20 information only if both siblings have filed with the Registry
21 an Information Exchange Authorization and the information at
22 the Registry indicates that the consenting siblings have one or
23 both birth parents in common. Identifying information shall be
24 supplied to consenting birth siblings who were adopted or
25 surrendered if any such sibling is 21 years of age or over.
26 Identifying information shall be supplied to consenting birth
27 siblings who were not adopted or surrendered if any such
28 sibling is 21 years of age or over and has proof of death of the
29 common birth parent and such birth parent did not file a Denial
30 of Information Exchange with the Registry prior to his or her
31 death.

32 (d-3) The Department of Public Health shall supply to the
33 adopted or surrendered person or his or her adoptive parents,
34 legal guardians, adult children or surviving spouse, and to a
35 birth aunt identifying information only if both the adopted or
36 surrendered person or one of his or her adoptive parents, legal

1 guardians, adult children or his or her surviving spouse, and
2 the birth aunt have filed with the Registry an Information
3 Exchange Authorization and the information at the Registry
4 indicates that the consenting adopted or surrendered person, or
5 the child of the consenting adoptive parents or legal
6 guardians, or the parent of the consenting adult child, or the
7 deceased wife or husband of the consenting surviving spouse of
8 the adopted or surrendered person is or was the child of the
9 brother or sister of the consenting birth aunt.

10 (d-5) The Department of Public Health shall supply to the
11 adopted or surrendered person or his or her adoptive parents,
12 legal guardians, adult children or surviving spouse, and to a
13 birth uncle identifying information only if both the adopted or
14 surrendered person or one of his or her adoptive parents, legal
15 guardians, adult children or his or her surviving spouse, and
16 the birth uncle have filed with the Registry an Information
17 Exchange Authorization and the information at the Registry
18 indicates that the consenting adopted or surrendered person, or
19 the child of the consenting adoptive parents or legal
20 guardians, or the parent of the consenting adult child, or the
21 deceased wife or husband of the consenting surviving spouse of
22 the adopted or surrendered person is or was the child of the
23 brother or sister of the consenting birth uncle.

24 (e) A registrant ~~birth parent, birth sibling, adopted or~~
25 ~~surrendered person or their adoptive parents or legal guardians~~
26 may notify the Registry of his or her desire not to have his or
27 her identity revealed or may revoke any previously filed
28 Information Exchange Authorization by completing and filing
29 with the Registry a Registry Identification Form along with a
30 Denial of Information Exchange. The Illinois Adoption Registry
31 Application does not need to be completed in order to file a
32 Denial of Information Exchange. Any registrant ~~adopted or~~
33 ~~surrendered person or his or her adoptive parents or legal~~
34 ~~guardians, birth sibling or birth parent~~ may revoke his or her
35 a Denial of Information Exchange by filing an Information
36 Exchange Authorization. The Department of Public Health shall

1 act in accordance with the most recently filed Authorization.

2 (f) Identifying information ascertained from the Registry
3 shall be confidential and may be disclosed only (1) upon a
4 Court Order, which order shall name the person or persons
5 entitled to the information, or (2) to a registrant who is the
6 subject of the adopted or surrendered person, adoptive parents
7 or legal guardians, birth sibling, or birth parent if both the
8 adopted or surrendered person or his or her adoptive parents or
9 legal guardians, and his or her birth parent, or both, birth
10 siblings, have filed with the Registry an Information Exchange
11 Authorization that was completed by another registrant and
12 filed with the Illinois Adoption Registry and Medical
13 Information Exchange, or (3) as authorized under subsection (h)
14 of Section 18.3 of this Act. A copy of the certificate of live
15 birth shall only be released to an adopted or surrendered
16 person who was born in Illinois and who is the subject of an
17 Information Exchange Authorization filed by one of his or her
18 birth relatives ~~parents or non-surrendered birth siblings~~. Any
19 person who willfully provides unauthorized disclosure of any
20 information filed with the Registry or who knowingly or
21 intentionally files false information with the Registry shall
22 be guilty of a Class A misdemeanor and shall be liable for
23 damages.

24 (g) If information is disclosed pursuant to this Act, the
25 Department shall redact it to remove any identifying
26 information about any party who has not consented to the
27 disclosure of such identifying information.

28 (Source: P.A. 91-417, eff. 1-1-00; 92-16, eff. 6-28-01.)

29 (750 ILCS 50/18.1a)

30 Sec. 18.1a. Registry matches.

31 (a) The Registry shall release identifying information, as
32 specified on the Information Exchange Authorization, to the
33 following mutually consenting registered parties and provide
34 them with any photographs which have been placed in the
35 Adoption/Surrender Records File and are specifically intended

1 for the registered parties:

2 (i) an adult adopted or surrendered person and one of
3 his or her birth relatives ~~parents or birth siblings~~ who
4 have both filed an applicable Information Exchange
5 Authorization specifying the other consenting party with
6 the Registry, if information available to the Registry
7 confirms that the consenting adopted or surrendered person
8 is biologically related to a birth relative ~~of the~~
9 consenting birth relative ~~parent or sibling~~;

10 (ii) the adoptive parent or legal guardian of an
11 adopted or surrendered person under the age of 21 and one
12 of the adopted or surrendered person's ~~his or her~~ birth
13 relatives ~~parents or birth siblings~~ who have both filed an
14 Information Exchange Authorization specifying the other
15 consenting party with the Registry, if information
16 available to the Registry confirms that the child of the
17 consenting adoptive parent or legal guardian is
18 biologically related to a birth relative ~~of the~~ consenting
19 birth relative; ~~and parent or birth sibling.~~

20 (iii) the adoptive parent, adult child or surviving
21 spouse of a deceased adopted or surrendered person, and one
22 of the adopted or surrendered person's birth relatives who
23 have both filed an applicable Information Exchange
24 Authorization specifying the other consenting party with
25 the Registry, if information available to the Registry
26 confirms that child of the consenting adoptive parent, the
27 parent of the consenting adult child or the deceased wife
28 or husband of the consenting surviving spouse of the
29 adopted or surrendered person was biologically related to
30 the consenting birth relative.

31 (b) If a registrant is the subject of a Denial of
32 Information Exchange filed by another registered party ~~to the~~
33 ~~adoption~~, the Registry shall not release identifying
34 information to either registrant.

35 (c) If a registrant has completed a Medical Information
36 Exchange Questionnaire and has consented to its disclosure,

1 that Questionnaire shall be released to any registered party
2 who has indicated their desire to receive such information on
3 his or her Illinois Adoption Registry Application, if
4 information available to the Registry confirms that the
5 consenting parties are biologically related, ~~birth relatives~~
6 ~~or~~ that the consenting birth relative and the child of the
7 consenting^r adoptive parents or legal guardians are birth
8 relatives, or that the consenting birth relative and the
9 deceased wife or husband of the consenting surviving spouse are
10 birth relatives.

11 (Source: P.A. 91-417, eff. 1-1-00.)

12 (750 ILCS 50/18.1b)

13 Sec. 18.1b. The Illinois Adoption Registry Application.
14 The Illinois Adoption Registry Application shall substantially
15 include the following:

16 (a) General Information. The Illinois Adoption Registry
17 Application shall include the space to provide Information
18 about the registrant including his or her surname, given name
19 or names, social security number (optional), mailing address,
20 home telephone number, gender, date and place of birth, and the
21 date of registration. If applicable and known to the
22 registrant, he or she may include the maiden surname of the
23 birth mother, any subsequent surnames of the birth mother, the
24 surname of the birth father, the given name or names of the
25 birth parents, the dates and places of birth of the birth
26 parents, the surname and given name or names of the adopted
27 person prior to adoption, the gender and date and place of
28 birth of the adopted or surrendered person, the name of the
29 adopted person following his or her adoption and the state and
30 county where the judgment of adoption was finalized.

31 (b) Medical Information Exchange Questionnaire. In
32 recognition of the importance of medical information and of
33 recent discoveries regarding the genetic origin of many medical
34 conditions and diseases all registrants shall be asked to
35 voluntarily complete a Medical Information Exchange

1 Questionnaire.

2 (1) For birth relatives ~~parents or birth siblings~~, the
3 Medical Information Exchange Questionnaire shall include a
4 comprehensive check-list of medical conditions and
5 diseases including those of genetic origin. Birth
6 relatives ~~parents and birth siblings~~ shall be asked to
7 indicate all genetically-inherited diseases and conditions
8 on this list which are known to exist in the adopted or
9 surrendered person's birth family at the time of
10 registration. In addition, all birth relatives ~~parents and~~
11 ~~birth siblings~~ shall be apprised of the Registry's
12 provisions for voluntarily submitting information about
13 their and their family's medical histories on a
14 confidential, ongoing basis.

15 (2) Adopted and surrendered persons and their adoptive
16 parents, ~~or~~ legal guardians, adult children, and surviving
17 spouses shall be asked to indicate all
18 genetically-inherited diseases and medical conditions with
19 which the adopted or surrendered person or, if applicable,
20 his or her children have been diagnosed since birth.

21 (3) The Medical Information Exchange Questionnaire
22 shall include a space where the registrant may authorize
23 the release of the Medical Information Exchange
24 Questionnaire to specified registered parties and a
25 disclaimer informing registrants that the Department of
26 Public Health cannot guarantee the accuracy of medical
27 information exchanged through the Registry.

28 (c) Written statement. All registrants shall be given the
29 opportunity to voluntarily file a written statement with the
30 Registry. This statement shall be submitted in the space
31 provided. No written statement submitted to the Registry shall
32 include identifying information pertaining to any person other
33 than the registrant who submitted it. Any such identifying
34 information shall be redacted by the Department or returned for
35 removal of identifying information.

36 (d) Contact information. All registrants may indicate

1 their wishes regarding contact with any other registrant by
2 completing an Information Exchange Authorization or a Denial of
3 Information Exchange.

4 (1) Information Exchange Authorization. Adopted or
5 surrendered persons 21 years of age or over who would
6 welcome contact with one or more of their birth relatives
7 ~~parents or birth siblings~~; birth parents who would welcome
8 contact with an adopted or surrendered person 21 years of
9 age or over, or one or more of his or her adoptive parents,
10 ~~or~~ legal guardians, adult children, or a surviving spouse;
11 birth siblings 21 years of age or over who were adopted or
12 surrendered and who would welcome contact with an adopted
13 or surrendered person, or one or more of his or her
14 adoptive parents, ~~or~~ legal guardians, adult children, or a
15 surviving spouse; birth siblings 21 years of age or over
16 who were not surrendered and who have submitted proof of
17 death for any common birth parent who did not file a Denial
18 of Information Exchange prior to his or her death, and who
19 would welcome contact with an adopted or surrendered
20 person, or one or more of his or her adoptive parents, ~~or~~
21 legal guardians, adult children, or a surviving spouse;
22 birth aunts and birth uncles 21 years of age or over who
23 have submitted birth certificates for themselves and a
24 deceased birth parent naming at least one common biological
25 parent as well as proof of death for a deceased birth
26 parent who did not file a Denial of Information Exchange
27 prior to his or her death and who would welcome contact
28 with an adopted or surrendered person 21 years of age or
29 over, or one or more of his or her adoptive parents, legal
30 guardians, adult children or a surviving spouse; ~~and~~
31 adoptive parents or legal guardians of adopted or
32 surrendered persons under the age of 21 who would welcome
33 contact with one or more of the adopted or surrendered
34 person's birth relatives; adoptive parents and legal
35 guardians of deceased adopted or surrendered persons 21
36 years of age or over who have submitted proof of death for

1 a deceased adopted or surrendered person who did not file a
2 Denial of Information Exchange prior to his or her death
3 and who would welcome contact with one or more of the
4 adopted or surrendered person's birth relatives; adult
5 children of deceased adopted or surrendered persons who
6 have submitted a birth certificate naming the adopted or
7 surrendered person as their biological parent and proof of
8 death for an adopted or surrendered person who did not file
9 a Denial of Information Exchange prior to his or her death;
10 and surviving spouses of deceased adopted or surrendered
11 persons who have submitted a marriage certificate naming an
12 adopted or surrendered person as their deceased wife or
13 husband and proof of death for an adopted or surrendered
14 person who did not file a Denial of Information Exchange
15 prior to his or her death and who would welcome contact
16 with one or more of the adopted or surrendered person's
17 birth relatives ~~parents or birth siblings~~ may specify with
18 whom they wish to exchange identifying information by
19 filing an Information Exchange Authorization ~~at the time of~~
20 ~~the adoption or surrender, or any time thereafter.~~

21 (2) Denial of Information Exchange. Adopted or
22 surrendered persons 21 years of age or over who do not wish
23 to establish contact with one or more of their birth
24 relatives ~~parents or birth siblings~~ may specify with whom
25 they do not wish to exchange identifying information by
26 filing a Denial of Information Exchange. Birth relatives
27 ~~parents or birth siblings~~ who do not wish to establish
28 contact with an adopted or surrendered person or one or
29 more of his or her adoptive parents, ~~or~~ legal guardians, or
30 adult children may specify with whom they do not wish to
31 exchange identifying information by filing a Denial of
32 Information Exchange ~~at the time of the adoption or~~
33 ~~surrender, or any time thereafter.~~ Adoptive parents or
34 legal guardians of adopted or surrendered persons under the
35 age of 21 who do not wish to establish contact with one or
36 more of the adopted or surrendered person's birth relatives

1 ~~parents or birth siblings~~ may specify with whom they do not
2 wish to exchange identifying information by filing a Denial
3 of Information Exchange ~~at the time of the adoption or~~
4 ~~surrender, or any time thereafter.~~ Adoptive parents, adult
5 children, and surviving spouses of deceased adoptees who do
6 not wish to establish contact with one or more of the
7 adopted or surrendered person's birth relatives may
8 specify with whom they do not wish to exchange identifying
9 information by filing a Denial of Information Exchange. The
10 Illinois Adoption Registry Application does not need to be
11 completed in order to file a Denial of Information
12 Exchange.

13 (e) A registrant may complete all or any part of the
14 Illinois Adoption Registry Application. All Illinois Adoption
15 Registry Applications, Information Exchange Authorizations,
16 Denials of Information Exchange, requests to revoke an
17 Information Exchange Authorization or Denial of Information
18 Exchange, and affidavits submitted to the Registry shall be
19 accompanied by proof of identification.

20 (f) The Department shall establish the Illinois Adoption
21 Registry Application form including the Medical Information
22 Exchange Questionnaire by rule.

23 (Source: P.A. 91-417, eff. 1-1-00.)

24 (750 ILCS 50/18.2) (from Ch. 40, par. 1522.2)
25 Sec. 18.2. Forms.

26 (a) The form of the Birth Parent Registration
27 Identification Form shall be substantially as follows:

28 BIRTH PARENT REGISTRATION IDENTIFICATION

29 (Insert all known information)

30 I,, state that I am the (mother or father) of the
31 following child:

32 Child's original name: (first) (middle)
33 (last), (hour of birth), (date of birth),
34 (city and state of birth), (name of
35 hospital).

1 Father's full name: (first) (middle)
2 (last), (date of birth), (city and state of
3 birth).

4 Name of mother inserted on birth certificate: (first)
5 (middle) (last), (race), (date
6 of birth), (city and state of birth).

7 That I surrendered my child to: (name of agency),
8 (city and state of agency), (approximate date
9 child surrendered).

10 That I placed my child by private adoption: (date),
11 (city and state).

12 Name of adoptive parents, if known:

13 Other identifying information:

14
15 (Signature of parent)
16
17 (date) (printed name of parent)

18 (b) The form of the Adopted Person Registration
19 Identification shall be substantially as follows:

ADOPTED PERSON

REGISTRATION IDENTIFICATION

(Insert all known information)

23 I,, state the following:

24 Adopted Person's present name: (first)
25 (middle) (last).

26 Adopted Person's name at birth (if known): (first)
27 (middle) (last), (birth date),
28 (city and state of birth), (sex), (race).

29 Name of adoptive father: (first) (middle)
30 (last), (race).

31 Maiden name of adoptive mother: (first)
32 (middle) (last), (race).

33 Name of birth mother (if known): (first)
34 (middle) (last), (race).

35 Name of birth father (if known): (first)

1 (middle) (last), (race).

2 Name(s) at birth of sibling(s) having a common birth parent
3 with adoptee (if known): (first) (middle)
4 (last), (race), and name of common birth
5 parent: (first) (middle) (last),
6 (race).

7 I was adopted through: (name of agency).

8 I was adopted privately: (state "yes" if known).

9 I was adopted in (city and state), (approximate
10 date).

11 Other identifying information:

12

13 (signature of adoptee)

14

15 (date) (printed name of adoptee)

16 (c) The form of the Surrendered Person Registration
17 Identification shall be substantially as follows:

18 SURRENDERED PERSON REGISTRATION

19 IDENTIFICATION

20 (Insert all known information)

21 I,, state the following:

22 Surrendered Person's present name: (first)
23 (middle) (last).

24 Surrendered Person's name at birth (if known):
25 (first) (middle) (last),(birth
26 date), (city and state of birth), (sex),
27 (race).

28 Name of guardian father: (first) (middle)
29 (last), (race).

30 Maiden name of guardian mother: (first)
31 (middle) (last), (race).

32 Name of birth mother (if known): (first)
33 (middle) (last) (race).

34 Name of birth father (if known): (first)
35 (middle) (last),(race).

1 Name(s) at birth of sibling(s) having a common birth parent
 2 with surrendered person (if known): (first)
 3 (middle) (last), (race), and name of
 4 common birth parent: (first) (middle)
 5 (last), (race).

6 I was surrendered for adoption to: (name of agency).

7 I was surrendered for adoption in (city and state),
 8 (approximate date).

9 Other identifying information:

10

11 (signature of surrendered person)

12

13 (date) (printed name of person

14 surrendered for adoption)

15 (c-3) The form of the Registration Identification Form for
 16 Surviving Relatives of Deceased Birth Parents shall be
 17 substantially as follows:

18 REGISTRATION IDENTIFICATION FORM

19 FOR SURVIVING RELATIVES OF DECEASED BIRTH PARENTS

20 (Insert all known information)

21 I,, state the following:

22 Name of deceased birth parent at time of surrender:

23 Deceased birth parent's date of birth:

24 Deceased birth parent's date of death:

25 Adopted or surrendered person's name at birth (if known):

26(first) (middle) (last),(birth

27 date), (city and state of birth), (sex),

28 (race).

29 My relationship to the adopted or surrendered person (check
 30 one): (birth parent's non-surrendered child) (birth parent's
 31 sister) (birth parent's brother).

32 If you are a non-surrendered child of the birth parent, provide
 33 name(s) at birth and age(s) of non-surrendered siblings having
 34 a common parent with the birth parent. If more than one

1 sibling, please give information requested below on reverse
2 side of this form. If you are a sibling or parent of the birth
3 parent, provide name(s) at birth and age(s) of the sibling(s)
4 of the birth parent. If more than one sibling, please give
5 information requested below on reverse side of this form.

6 Name (First) (middle) (last),(birth
7 date), (city and state of birth), (sex),
8 (race).

9 Name(s) of common parent(s) (first) (middle)
10 (last),(race), (first) (middle)
11 (last),(race).

12 My birth sibling/child of my brother/child of my sister/ was
13 surrendered for adoption to (name of agency) City and
14 state of agency Date(approximate) Other
15 identifying information (Please note that you must: (i)
16 be at least 21 years of age to register; (ii) submit with your
17 registration a certified copy of the birth parent's birth
18 certificate; (iii) submit a certified copy of the birth
19 parent's death certificate; and (iv) if you are a
20 non-surrendered birth sibling or a sibling of the deceased
21 birth parent, also submit a certified copy of your birth
22 certificate with this registration. No application from a
23 surviving relative of a deceased birth parent can be accepted
24 if the birth parent filed a Denial of Information Exchange
25 prior to his or her death.)

26
27 (signature of birth parent's surviving relative)

28
29 (date) (printed name of birth
30 parent's surviving relative)

31 (c-5) The form of the Registration Identification Form for
32 Surviving Relatives of Deceased Adopted or Surrendered Persons
33 shall be substantially as follows:

1 SURVIVING RELATIVES OF DECEASED ADOPTED OR SURRENDERED PERSONS

2 (Insert all known information)

3 I,, state the following:

4 Adopted or surrendered person's name at birth (if known):

5 (first) (middle) (last),(birth
6 date), (city and state of birth), (sex),
7 (race).

8 Adopted or surrendered person's date of death:

9 My relationship to the deceased adopted or surrendered
10 person(check one): (adoptive mother) (adoptive father) (adult
11 child) (surviving spouse).

12 If you are an adult child or surviving spouse of the adopted or
13 surrendered person, provide name(s) at birth and age(s) of the
14 children of the adopted or surrendered person. If the adopted
15 or surrendered person had more than one child, please give
16 information requested below on reverse side of this form.

17 Name (first) (middle) (last),(birth
18 date), (city and state of birth), (sex),
19 (race).

20 Name(s) of common parent(s) (first) (middle)
21 (last),(race), (first) (middle)
22 (last),(race).

23 My child/parent/deceased spouse was surrendered for
24 adoption to(name of agency) City and state of agency
25 Date (approximate) Other identifying
26 information (Please note that you must: (i) be at
27 least 21 years of age to register; (ii) submit with your
28 registration a certified copy of the adopted or surrendered
29 person's death certificate; (iii) if you are the child of a
30 deceased adopted or surrendered person, also submit a
31 certified copy of your birth certificate with this
32 registration; and (iv) if you are the surviving wife or
33 husband of a deceased adopted or surrendered person, also
34 submit a copy of your marriage certificate with this
35 registration. No application from a surviving relative of a
36 deceased adopted or surrendered person can be accepted if

1 the adopted or surrendered person filed a Denial of
2 Information Exchange prior to his or her death.)

3
4 (signature of adopted or surrendered person's surviving
5
6 relative)

7
8 (date) (printed name of adopted
9 person's surviving relative)

10 (d) The form of the Information Exchange Authorization
11 shall be substantially as follows:

12 INFORMATION EXCHANGE AUTHORIZATION

13 I,, state that I am the person who completed the
14 Registration Identification; that I am of the age of
15 years; that I hereby authorize the Department of Public Health
16 to give to the following person(s) my (birth mother parent)
17 (birth father) (birth sibling) (adopted or surrendered person
18 child) (adoptive mother) (adoptive father) (legal guardian of
19 an adopted or surrendered person) (birth aunt) (birth uncle)
20 (adult child of a deceased adopted or surrendered person)
21 (surviving spouse of a deceased adopted or surrendered person)
22 (all eligible relatives) the following (please check the
23 information authorized for exchange):

- 24 [] 1. Only my name and last known address.
- 25 [] 2. A copy of my Illinois Adoption Registry
26 Application.
- 27 [] 3. A copy of the original certificate of live
28 birth.
- 29 [] 4. A copy of my completed medical questionnaire.

30 I am fully aware that I can only be supplied with ~~any~~
31 information about an individual or individuals who have my
32 ~~(birth parent) (birth sibling) (surrendered child) if such~~
33 ~~person has~~ duly executed an Information Exchange Authorization

1 that ~~for such information which~~ has not been revoked; that I
2 can be contacted by writing to: (own name or name of
3 person to contact) (address) (phone number).

4 Dated (insert date).

5
6 (signature)

7 (e) The form of the Denial of Information Exchange shall be
8 substantially as follows:

9 DENIAL OF INFORMATION EXCHANGE

10 I,, state that I am the person who completed the
11 Registration Identification; that I am of the age of
12 years; that I hereby instruct the Department of Public Health
13 not to give any identifying information about me to the
14 following person(s) ~~my~~ (birth mother) (birth father) (birth
15 sibling) (adopted or surrendered person) (adoptive mother)
16 (adoptive father) (legal guardian of an adopted or surrendered
17 person) (birth aunt) (birth uncle) (adult child of a deceased
18 adopted or surrendered person) (surviving spouse of a deceased
19 adopted or surrendered person) (all eligible relatives)
20 ~~parent~~) ~~(birth sibling)~~ ~~(surrendered child)~~; that I do not wish
21 to be contacted.

22 Dated (insert date).

23
24 (signature)

25 (f) The Information Exchange Authorization and the Denial
26 of Information Exchange shall be acknowledged by the birth
27 parent, birth sibling, adopted or surrendered person, adoptive
28 parent, or legal guardian before a notary public, in form
29 substantially as follows:

30 State of

31 County of

32 I, a Notary Public, in and for the said County, in the
33 State aforesaid, do hereby certify that
34 personally known to me to be the same person whose name is

1 subscribed to the foregoing certificate of acknowledgement,
2 appeared before me in person and acknowledged that (he or she)
3 signed such certificate as (his or her) free and voluntary act
4 and that the statements in such certificate are true.

5 Given under my hand and notarial seal on (insert date).

6

7 (signature)

8

9 (g) When the execution of an Information Exchange
10 Authorization or a Denial of Information Exchange is
11 acknowledged before a representative of an agency, such
12 representative shall have his signature on said Certificate
13 acknowledged before a notary public, in form substantially as
14 follows:

15 State of.....

16 County of.....

17 I, a Notary Public, in and for the said County, in the
18 State aforesaid, do hereby certify that personally known
19 to me to be the same person whose name is subscribed to the
20 foregoing certificate of acknowledgement, appeared before me
21 in person and acknowledged that (he or she) signed such
22 certificate as (his or her) free and voluntary act and that the
23 statements in such certificate are true.

24 Given under my hand and notarial seal on (insert date).

25

26 (signature)

27

28 (h) When an Illinois Adoption Registry Application,
29 Information Exchange Authorization or a Denial of Information
30 Exchange is executed in a foreign country, the execution of
31 such document shall be acknowledged or affirmed before an
32 officer of the United States consular services.

33 (i) If the person signing an Information Exchange
34 Authorization or a Denial of Information is in the military

1 service of the United States, the execution of such document
2 may be acknowledged before a commissioned officer and the
3 signature of such officer on such certificate shall be verified
4 or acknowledged before a notary public or by such other
5 procedure as is then in effect for such division or branch of
6 the armed forces.

7 (j) The Department shall modify these forms as necessary to
8 implement the provisions of this amendatory Act of 1999
9 including creating Registration Identification Forms for
10 non-surrendered birth siblings, adoptive parents and legal
11 guardians.

12 (Source: P.A. 93-189, eff. 1-1-04.)

13 (750 ILCS 50/18.3) (from Ch. 40, par. 1522.3)

14 Sec. 18.3. (a) The agency, Department of Children and
15 Family Services, Court Supportive Services, Juvenile Division
16 of the Circuit Court, and any other party to the surrender of a
17 child for adoption or in an adoption proceeding shall obtain
18 from any birth parent or parents giving up a child for purposes
19 of adoption after the effective date of this Act a written
20 statement which indicates: (1) a desire to have identifying
21 information shared with the adopted or surrendered person at a
22 later date; (2) a desire not to have identifying information
23 revealed; or (3) that no decision is made at that time. In
24 addition, the agency, Department of Children and Family
25 Services, Court Supportive Services, Juvenile Division of the
26 Circuit Court, and any other organization involved in the
27 surrender of a child for adoption in an adoption proceeding
28 shall inform the birth parent or parents of a child born,
29 adopted or surrendered in Illinois of the existence of the
30 Illinois Adoption Registry and Medical Information Exchange
31 and provide them with the necessary application forms and if
32 requested, assistance with completing the forms.

33 (b) When the written statement is signed, the birth parent
34 or parents shall be informed in writing that their decision
35 regarding the sharing of identifying information can be made or

1 changed by such birth parent or parents at any future date.

2 (c) The birth parent shall be informed in writing that if
3 sharing of identifying information with the adopted or
4 surrendered person is to occur, that he or she must be 21 years
5 of age or over.

6 (d) If the birth parent or parents indicate a desire to
7 share identifying information with the adopted or surrendered
8 person, the birth parent shall complete an Information Exchange
9 Authorization.

10 (e) Any birth parent or parents requesting that no
11 identifying information be revealed to the adopted or
12 surrendered person shall be informed that such request will be
13 conveyed to the adopted or surrendered person if he or she
14 requests such information; and such identifying information
15 shall not be revealed.

16 (f) Any adopted or surrendered person 21 years of age or
17 over may also indicate in writing his or her desire or lack of
18 desire to share identifying information with the birth parent
19 or parents or with one or more of his or her birth relatives
20 ~~birth sibling or siblings~~. Any adopted or surrendered person
21 requesting that no identifying information be revealed to the
22 birth parent or to one or more of his or her birth relatives
23 ~~sibling~~ shall be informed that such request shall be conveyed
24 to the ~~parent if such~~ birth parent or birth relative if he or
25 she ~~sibling~~ requests such information; and such identifying
26 information shall not be revealed.

27 (g) Any birth parent, birth sibling, ~~and~~ adopted or
28 surrendered person, adoptive parent, ~~or~~ legal guardian
29 indicating their desire to receive identifying or medical
30 information shall be informed of the existence of the Registry
31 and assistance shall be given to such person to legally record
32 his or her name with the Registry.

33 (h) The agency, Department of Children and Family Services,
34 Court Supportive Services, Juvenile Division of the Circuit
35 Court, and any other organization involved in the surrender of
36 a child for adoption in an adoption proceeding which has

1 written statements from an adopted or surrendered person and
2 the birth parent or a birth sibling indicating a desire to
3 receive identifying information shall supply such information
4 to the mutually consenting parties, except that no identifying
5 information shall be supplied to consenting birth siblings if
6 any such sibling is under 21 years of age. However, both the
7 Registry having an Information Exchange Authorization and the
8 organization having a written statement requesting identifying
9 information shall communicate with each other to determine if
10 the adopted or surrendered person or the birth parent or birth
11 sibling has signed a form at a later date indicating a change
12 in his or her desires regarding the sharing of information. The
13 agreement of the birth parent shall be binding.

14 (i) On and after January 1, 2000, any licensed child
15 welfare agency which provides post-adoption search assistance
16 to adoptive parents, adopted persons, surrendered persons,
17 birth parents, or other birth relatives ~~siblings~~ shall require
18 that any person requesting post-adoption search assistance
19 complete an Illinois Adoption Registry Application prior to the
20 commencement of the search.

21 (Source: P.A. 91-417, eff. 1-1-00.)

22 (750 ILCS 50/18.3a) (from Ch. 40, par. 1522.3a)

23 Sec. 18.3a. Confidential intermediary.

24 (a) General purposes. Notwithstanding any other provision
25 of this Act, any adopted or surrendered person 21 years of age
26 or over, any adoptive parent or legal guardian of an adopted or
27 surrendered person under the age of 21, or any birth parent of
28 an adopted or surrendered person who is 21 years of age or over
29 may petition the court in any county in the State of Illinois
30 for appointment of a confidential intermediary as provided in
31 this Section for the purpose of exchanging medical information
32 with one or more mutually consenting biological relatives,
33 obtaining identifying information about one or more mutually
34 consenting biological relatives, or arranging contact with one
35 or more mutually consenting biological relatives.

1 Additionally, in cases where an adopted or surrendered person
2 is deceased, an adult child of the adopted or surrendered
3 person or his or her adoptive parents or surviving spouse may
4 file a petition under this Section and in cases where the birth
5 parent is deceased, an adult birth sibling of the adopted or
6 surrendered person or of the deceased birth parent may file a
7 petition under this Section for the purpose of exchanging
8 medical information with one or more mutually consenting
9 biological relatives of the adopted or surrendered person,
10 obtaining identifying information about one or more mutually
11 consenting biological relatives of the adopted or surrendered
12 person, or arranging contact with one or more mutually
13 consenting biological relatives of the adopted or surrendered
14 person. Beginning January 1, 2006, any adopted or surrendered
15 person 21 years of age or over; any adoptive parent or legal
16 guardian of an adopted or surrendered person under the age of
17 21; any birth parent, birth sibling, birth aunt, or birth uncle
18 of an adopted or surrendered person over the age of 21; any
19 surviving child, adoptive parent, or surviving spouse of a
20 deceased adopted or surrendered person who wishes to petition
21 the court for the appointment of a confidential intermediary
22 shall be required to accompany their petition with proof of
23 registration with the Illinois Adoption Registry and Medical
24 Information Exchange.

25 (b) Petition. Upon petition by an adopted or surrendered
26 person 21 years of age or over, an adoptive parent or legal
27 guardian of an adopted or surrendered person under the age of
28 21, or a birth parent of an adopted or surrendered person who
29 is 21 years of age or over, the court shall appoint a
30 confidential intermediary. Upon petition by an adult child,
31 adoptive parent or surviving spouse of an adopted or
32 surrendered person who is deceased, ~~or~~ by an adult birth
33 sibling of an adopted or surrendered person whose common birth
34 parent is deceased and whose adopted or surrendered birth
35 sibling is 21 years of age or over, or by an adult sibling of a
36 birth parent who is deceased, and whose surrendered child is 21

1 years of age or over, the court may appoint a confidential
2 intermediary if the court finds that the disclosure is of
3 greater benefit than nondisclosure. The petition shall state
4 which biological relative or relatives are being sought and
5 shall indicate if the petitioner wants to do any one or more of
6 the following: exchange medical information with the
7 biological relative or relatives, obtain identifying
8 information from the biological relative or relatives, or to
9 arrange contact with the biological relative.

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

14 (d) Fees and expenses. The court shall condition the
15 appointment of the confidential intermediary on the
16 petitioner's payment of the intermediary's fees and expenses in
17 advance of the commencement of the work of the confidential
18 intermediary.

19 (e) Eligibility of intermediary. The court may appoint as
20 confidential intermediary ~~either an employee of the Illinois~~
21 ~~Department of Children and Family Services designated by the~~
22 ~~Department to serve as such,~~ any ~~other~~ person certified by the
23 Department of Children and Family Services as qualified to
24 serve as a confidential intermediary, ~~or any employee of a~~
25 ~~licensed child welfare agency certified by the agency as~~
26 ~~qualified to serve as a confidential intermediary.~~
27 Certification shall be dependent upon the confidential
28 intermediary completing a course of training including, but not
29 limited to, applicable federal and State privacy laws.

30 (f) Confidential Intermediary Council. There shall be
31 established under the Department of Children and Family
32 Services a Confidential Intermediary Advisory Council. One
33 member shall be an attorney representing the Attorney General's
34 Office appointed by the Attorney General. One member shall be a
35 currently certified confidential intermediary appointed by the
36 Director of the Department of Children and Family Services. The

1 Director shall also appoint 5 additional members. When making
2 those appointments, the Director shall consider advocates for
3 adopted persons, adoptive parents, birth parents, lawyers who
4 represent clients in private adoptions, lawyers specializing
5 in privacy law, and representatives of agencies involved in
6 adoptions. The Director shall appoint one of the 7 members as
7 the chairperson. An attorney from the Department of Children
8 and Family Services and the person directly responsible for
9 administering the confidential intermediary program shall
10 serve as ex-officio, non-voting advisors to the Council.
11 Council members shall serve at the discretion of the Director
12 and shall receive no compensation other than reasonable
13 expenses approved by the Director. The Council shall meet no
14 less than twice yearly, and shall make recommendations to the
15 Director regarding the development of rules, procedures, and
16 forms that will ensure efficient and effective operation of the
17 confidential intermediary process, including:

18 (1) Standards for certification for confidential
19 intermediaries.

20 (2) Oversight of methods used to verify that
21 intermediaries are complying with the appropriate laws.

22 (3) Training for confidential intermediaries,
23 including training with respect to federal and State
24 privacy laws.

25 (4) The relationship between confidential
26 intermediaries and the court system, including the
27 development of sample orders defining the scope of the
28 intermediaries' access to information.

29 (5) Any recent violations of policy or procedures by
30 confidential intermediaries and remedial steps, including
31 decertification, to prevent future violations.

32 (g) Access. Subject to the limitations of subsection (i)
33 of this Section, the confidential intermediary shall have
34 access to vital records maintained by the Department of Public
35 Health and its local designees for the maintenance of vital
36 records and all records of the court or any adoption agency,

1 public or private, as limited in this Section, which relate to
2 the adoption or the identity and location of an adopted or
3 surrendered person, of an adult child or surviving spouse of a
4 deceased adopted or surrendered person, or of a birth parent,
5 birth sibling, or the sibling of a deceased birth parent. The
6 confidential intermediary shall not have access to any personal
7 health information protected by the Standards for Privacy of
8 Individually Identifiable Health Information adopted by the
9 U.S. Department of Health and Human Services under the Health
10 Insurance Portability and Accountability Act of 1996 unless the
11 confidential intermediary has obtained written consent from
12 the person whose information is being sought or, if that person
13 is a minor child, that person's parent or guardian.
14 Confidential intermediaries shall be authorized to inspect
15 confidential relinquishment and adoption records. The
16 confidential intermediary shall not be authorized to access
17 medical records, financial records, credit records, banking
18 records, home studies, attorney file records, or other personal
19 records. In cases where a birth parent is being sought, an
20 adoption agency shall inform the confidential intermediary of
21 any statement filed pursuant to Section 18.3, hereinafter
22 referred to as "the 18.3 statement", indicating a desire of the
23 surrendering birth parent to have identifying information
24 shared or to not have identifying information shared. If there
25 was a clear statement of intent by the sought-after birth
26 parent not to have identifying information shared, the
27 confidential intermediary shall discontinue the search and
28 inform the petitioning party of the sought-after relative's
29 intent. ~~Additional~~ Information provided to the confidential
30 intermediary by an adoption agency shall be restricted to the
31 full name, date of birth, place of birth, last known address,
32 ~~and~~ last known telephone number of the sought-after relative
33 or, if applicable, of the children or siblings of the
34 sought-after relative, and the 18.3 statement.

35 (h) Adoption agency disclosure of medical information. If
36 the petitioner is an adult adopted or surrendered person or the

1 adoptive parent of a minor and if the petitioner has signed a
2 written authorization to disclose personal medical
3 information, an adoption agency disclosing information to a
4 confidential intermediary shall disclose available medical
5 information about the adopted or surrendered person from birth
6 through adoption.

7 (i) Duties of confidential intermediary in conducting a
8 search. In conducting a search under this Section, the
9 confidential intermediary shall first confirm that there is no
10 Denial of Information Exchange on file with the Illinois
11 Adoption Registry. If the petitioner is an adult child of an
12 adopted or surrendered person who is deceased, the confidential
13 intermediary shall additionally confirm that the adopted or
14 surrendered person did not file a Denial of Information
15 Exchange with the Illinois Adoption Registry during his or her
16 life. If the petitioner is an adult birth sibling of an adopted
17 or surrendered person or an adult sibling of a birth parent who
18 is deceased, the confidential intermediary shall additionally
19 confirm that the birth parent did not file a Denial of
20 Information Exchange with the Registry during his or her life.
21 If the confidential intermediary learns that a sought-after
22 birth parent signed a statement indicating his or her intent
23 not to have identifying information shared, and did not later
24 file an Information Exchange Authorization with the Adoption
25 Registry, the confidential intermediary shall discontinue the
26 search and inform the petitioning party of the birth parent's
27 intent.

28 In conducting a search under this Section, the confidential
29 intermediary shall attempt to locate the relative or relatives
30 from whom the petitioner has requested information. If the
31 sought-after relative is deceased or cannot be located after a
32 diligent search, the confidential intermediary may contact
33 other adult ~~biological~~ relatives of the sought-after relative.

34 The confidential intermediary shall contact a sought-after
35 relative on behalf of the petitioner in a manner that respects
36 the sought-after relative's privacy and shall inform the

1 sought-after relative of the petitioner's request for medical
2 information, identifying information or contact as stated in
3 the petition. Based upon the terms of the petitioner's request,
4 the confidential intermediary shall contact a sought-after
5 relative on behalf of the petitioner and inform the
6 sought-after relative of the following options:

7 (1) The sought-after relative may totally reject one or
8 all of the requests for medical information, identifying
9 information or contact. The sought-after relative shall be
10 informed that they can provide a medical questionnaire to
11 be forwarded to the petitioner without releasing any
12 identifying information. The confidential intermediary
13 shall inform the petitioner of the sought-after relative's
14 decision to reject the sharing of information or contact.

15 (2) The sought-after relative may consent to
16 completing a medical questionnaire only. In this case, the
17 confidential intermediary shall provide the questionnaire
18 and ask the sought-after relative to complete it. The
19 confidential intermediary shall forward the completed
20 questionnaire to the petitioner and inform the petitioner
21 of the sought-after relative's desire to not provide any
22 additional information.

23 (3) The sought-after relative may communicate with the
24 petitioner without having his or her identity disclosed. In
25 this case, the confidential intermediary shall arrange the
26 desired communication in a manner that protects the
27 identity of the sought-after relative. The confidential
28 intermediary shall inform the petitioner of the
29 sought-after relative's decision to communicate but not
30 disclose his or her identity.

31 (4) The sought after relative may consent to initiate
32 contact with the petitioner. If both the petitioner and the
33 sought-after relative or relatives are eligible to
34 register with the Illinois Adoption Registry, the
35 confidential intermediary shall provide the necessary
36 application forms and request that the sought-after

1 relative register with the Illinois Adoption Registry. If
 2 either the petitioner or the sought-after relative or
 3 relatives are ineligible to register with the Illinois
 4 Adoption Registry, the confidential intermediary shall
 5 obtain written consents from both parties that they wish to
 6 disclose their identities to each other and to have contact
 7 with each other.

8 (j) Oath. The confidential intermediary shall sign an oath
 9 of confidentiality substantially as follows: "I,,
 10 being duly sworn, on oath depose and say: As a condition of
 11 appointment as a confidential intermediary, I affirm that:

12 (1) I will not disclose to the petitioner, directly or
 13 indirectly, any confidential information except in a
 14 manner consistent with the law.

15 (2) I recognize that violation of this oath subjects me
 16 to civil liability and to a potential finding of contempt
 17 of court.

18 SUBSCRIBED AND SWORN to before me, a Notary Public, on (insert
 19 date)
 20"

21 (k) Sanctions.

22 (1) Any confidential intermediary who improperly
 23 discloses confidential information identifying a
 24 sought-after relative shall be liable to the sought-after
 25 relative for damages and may also be found in contempt of
 26 court.

27 (2) Any person who learns a sought-after relative's
 28 identity, directly or indirectly, through the use of
 29 procedures provided in this Section and who improperly
 30 discloses information identifying the sought-after
 31 relative shall be liable to the sought-after relative for
 32 actual damages plus minimum punitive damages of \$10,000.

33 (3) The Department shall fine any confidential
 34 intermediary who improperly discloses confidential
 35 information in violation of item (1) or (2) of this
 36 subsection (k) an amount up to \$2,000 per improper

1 disclosure. This fine does not affect civil liability under
2 item (2) of this subsection (k). The Department shall
3 deposit all fines and penalties collected under this
4 Section into the Illinois Adoption Registry and Medical
5 Information Fund.

6 (l) Death of person being sought. Notwithstanding any other
7 provision of this Act, if the confidential intermediary
8 discovers that the person being sought has died, he or she
9 shall report this fact to the court, along with a copy of the
10 death certificate.

11 (m) Any confidential information obtained by the
12 confidential intermediary during the course of his or her
13 search shall be kept strictly confidential and shall be used
14 for the purpose of arranging contact between the petitioner and
15 the sought-after birth relative. At the time the case is
16 closed, all identifying information shall be returned to the
17 court for inclusion in the impounded adoption file.

18 (n) If the petitioner is an adopted or surrendered person
19 21 years of age or over or the adoptive parent or legal
20 guardian of an adopted or surrendered person under the age of
21 21, any non-identifying information, as defined in Section
22 18.4, that is ascertained during the course of the search may
23 be given in writing to the petitioner before the case is
24 closed.

25 (o) Except as provided in subsection (k) of this Section,
26 no liability shall accrue to the State, any State agency, any
27 judge, any officer or employee of the court, any certified
28 confidential intermediary, or any agency designated to oversee
29 confidential intermediary services for acts, omissions, or
30 efforts made in good faith within the scope of this Section.

31 (Source: P.A. 93-189, eff. 1-1-04.)

32 Section 99. Effective date. This Act takes effect January
33 1, 2006.