#### **ADOPTION**

#### Who may adopt or be adopted?

Any person may be adopted regardless of age or residence. Any person who is legally competent and age 18 or older may be an adoptive parent.

#### Whose consent is required for an adoption?

Consent to an adoption is required of the following persons if applicable:<sup>3</sup>

- The adoptee, if age 14 or older.
- The parents and any alleged father of an adoptee under age 18.
- The agency, or the department to which the adoptee has been relinquished.
- DSHS, if the adoptee has been relinquished to DSHS.
- The legal guardian, if any, of the adoptee.

Consent to an adoption by an agency, DSHS or a legal guardian may be dispensed with if a court determines that the proposed adoption is in the best interests of the adoptee<sup>4</sup>.

#### Once consent is given to an adoption, may it be revoked?

Yes. A consenting party may revoke consent at any time before the adoption is approved by the court.<sup>5</sup>

#### May a birth parent or alleged father who is a minor consent to adoption of his or her child?

Generally, the court will appoint a guardian ad litem for any birth parent or alleged father who is under age 18 or is otherwise legally incompetent. The guardian ad litem will determine what is in the minor or incompetent parent's best interest and whether the minor or incompetent, voluntarily and with knowledge of the consequences of the action, signed any written consent to the adoption or any petition for relinquishment of a child.

<sup>&</sup>lt;sup>1</sup> RCW 26.33.140(1).

<sup>&</sup>lt;sup>2</sup> RCW 26.33.140(2).

<sup>&</sup>lt;sup>3</sup> RCW 26.33.160(1).

<sup>&</sup>lt;sup>4</sup> RCW 26.33.170(1).

<sup>&</sup>lt;sup>5</sup> RCW 26.33.160(2).

<sup>&</sup>lt;sup>6</sup> RCW 26.33.070(1).

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<sup>&</sup>lt;sup>7</sup> *Id*.

## What is a physician's role in an adoption?

The adoption statutes do not specifically address the role or responsibilities of a physician in the adoption process.

A physician may be asked to provide information for a medical report<sup>8</sup> which the person or entity receiving, securing a home for, or otherwise caring for a minor child must make available to adoptive, or prospective adoptive, parents of the child. Such reports are to contain all known and available information concerning the child's mental, physical, and sensory handicaps, as well as all known and available mental or physical health history of the birth parents that the adoptive parent may need to facilitate proper care for, and to maximize the developmental potential of the child.<sup>9</sup>

Such reports should include a review of the birth family's and the child's past medical history, including the child's x-rays, examinations, hospitalizations, and immunizations; a physical exam of the child, with appropriate laboratory tests and x-rays; any indicated referrals to specialists; and any recommendations to the adoptive parents.<sup>10</sup>

Generally, the reports should not, however, reveal the identities of the child's birth parents. Hedical histories should be given on a standardized reporting form developed by DSHS. The entities or persons providing the information in the medical report has no duty, beyond providing the information, to explain or interpret the records or information regarding the child's present or future health. 13

# Should a physician obtain written consent before providing information for an adoption medical report?

Generally, yes. A child or birth parent's involvement in an adoption proceeding does not waive the physician-patient privilege. The physician should obtain the written consent of a minor child's birth parent or legal guardian before releasing confidential information about the child and should obtain the written consent of the birth parent before releasing confidential information about the birth parent.

### May a physician introduce a birth mother to prospective adoptive parents?

Yes, but only after obtaining the birth mother's consent to do so.<sup>14</sup> The law otherwise requires the identity of the birth parents to remain confidential.<sup>15</sup> The physician should then refer

<sup>&</sup>lt;sup>8</sup> RCW 26.33.350(2); WAC 388-27-0090(1) (requirement for medical report in DSHS adoption).

<sup>&</sup>lt;sup>9</sup> RCW 26.33.350(2).

<sup>&</sup>lt;sup>10</sup> RCW 26.33.350(3).

<sup>&</sup>lt;sup>11</sup> RCW 26.33.350(2).

<sup>&</sup>lt;sup>12</sup> WAC 388-27-0100(10).

<sup>&</sup>lt;sup>13</sup> RCW 26.33.350(4).

<sup>&</sup>lt;sup>14</sup> This question is an ethical question and should be governed by traditional sources for guiding physician's ethics. One source comes from the American Congress of Obstetricians and Gynecologists Committee on Ethics (Number 368, June 2007).

<sup>&</sup>lt;sup>15</sup> RCW 26.33.380(1).



 $<sup>^{16}</sup>$  Department of Social and Health Services resource guide.  $\underline{\text{http://www.dshs.wa.gov/pdf/ca/exchange.pdf}} \text{ (current as of 2011), or online at: } \underline{\text{www.dshs.wa.gov/ca/adopt/res}} \text{ } \underline{\text{Resources.asp}} \text{ }.$