

**YALE INTERNATIONAL ADOPTION CLINIC
YALE UNIVERSITY
Carol C. Weitzman, M.D.
Director
Department of Pediatrics
School of Medicine
333 Cedar Street
P.O. Box 208064
New Haven, CT 06520-8064
Appt: (203) 737-1623
Fax: (203) 737-1208**

Dear Prospective Parent(s):

Thank you for contacting the Yale University International Adoption Clinic. We look forward to assisting you during your adoption process. The following information may answer some of the questions you might have about our facility regarding Pre-Adoption.

Pre-adoption Evaluation (Review of Videos and Medical Records)

Please try to include the following when possible:

- Video recordings of the child. These should be 5 minutes in length, if possible, for standard service. The name of the child, date of birth and date of recording (if available) should be attached to the video.
- Medical Records (Only English translations will be accepted. Please include name and organizational identification of translator, if available). You might want to obtain the original medical records in the native language and have a translator whom you select translate these records in order to have the medical records as complete as possible. Unfortunately, we cannot provide translations. Please contact our office if you have questions.

Photographs of the child:

- Any additional materials or documentary information you have concerning the child.
- Telephone consultation in English with other physicians, social services or health care staff (i.e., orphanage personnel) can be provided on request. You are responsible for any telephone or translator charges as well an additional fee of [\$20] for each 5-minute period of consultation or portion thereof.

- **These materials cannot be returned. We will keep them as part of our permanent medical records. Please make copies of everything you send us including video tapes of the child/children.**

We do encourage you to visit our website at www.yalepediatrics.org/adoption.

Fees:

Evaluations that include medical paperwork and a video: **\$300.00**

Evaluations that include medical paperwork without a video: **\$175.00**

Reviews for **more than one child at the same time:** **\$250.00** (per child with video)
\$150.00 (per child without video)

A separate Consent Form and Client Information Sheet will need to be completed for each child you want evaluated.

Urgent review (within 2 business days) **\$75.00** additional fee (per child)

These fees cover the review of the original material submitted. Additional consultation may be available and this may include additional fees.

Payment **must** be included when the medical records are sent/brought in for review. (This is a Yale Policy) A check or money order should be made payable to: **Yale International Adoption Clinic**. Please allow at least one week for review of the pre-adoption records. If we can communicate our impressions sooner, we will make every effort to do so.

I will give you a call with a verbal impression and a hard copy of the impression will be mailed to you promptly.

If you have any additional questions, please feel free to call Gail Novey at (203) 737-1623 or email gail.novey@yale.edu.

Carol Cohen Weitzman, M.D.
 Director – International Adoption Clinic
 Yale University School of Medicine

Frequently Asked Questions

Q. *What can I expect from the evaluation?*

A. There is a minimum turn around time of one week. We realize that the decisions surrounding adoptions are often time critical. We will make every effort, within reason, to provide you with a verbal review as quickly as possible. A report will also be provided. After reviewing the material provided, we may have some impressions about the developmental and emotional status of the child at the time of the recording. In addition, we may be able to provide impressions of the child's overall health status. Emphasis will be given to helping the prospective parents begin to prepare for any special services that may be needed.

Q. *What will the report include?*

A. 1) A verbal report within one week or sooner if possible. 2) A written report available for you and, upon your request, your child's new physician.

Q. *Will my insurance cover this evaluation?*

A. Since you have not formally adopted your child at the time of the video review, the evaluation will not be covered on your insurance. Due to this, we cannot take your insurance for the pre-adoption evaluations. The cost for evaluating your referral information will thus be due by cash, check or money order at the time we receive your information.

Q. *If I decide to send you my information, what do I do?*

A. Fill out the **Pre-Adoption Client Information form** (pages 3-4) and the **Consent For Pre-Adoption Evaluation** (pages 5-6) form. (**Please note that Page 6 does not need to be notarized.**) If you do not have a Pre-Adoption Client Information packet, call and we will send you the necessary paperwork.

Please **FEDEX or HAND DELIVER** completed forms (pages 3-6), payment and all medical information for review to:

**Yale International Adoption Program
Department of Pediatrics
Dana Basement - Room DCB 14G
New Haven, Connecticut 06520
203-737-1623**

WITHOUT EXAMINING THE CHILD AND PERFORMING TESTS, WE CAN NOT PROVIDE A DIAGNOSIS NOR CAN WE PREDICT LONG TERM OUTCOME.

Pre-adoption evaluations are limited by length of the recording, language barriers, lighting, and inability to interact with or examine the child, quality of translation of the medical records, the environment the child is in and the daily variability of a child's temperament, among other factors. This evaluation will result in a professional impression [not a diagnosis] based on the materials provided. In addition, **the reviewers will not be held responsible for any decisions or the results of a decision made as a consequence of this evaluation**

Pre-Adoption Client Information

Name(s) of individual(s) requesting evaluation:

Organization (if applicable):

Address:

City *State* *County* *Zip Code*

Home phone: (_____) _____ - _____

Work phone: (_____) _____ - _____

Whose work phone is this? _____

Cell phone: (_____) _____ - _____

Whose cell phone is this? _____

Cell phone: (_____) _____ - _____

Whose cell phone is this? _____

How did you hear of us? _____

Child's Name: _____

Date of Birth (if known): MM _____ DD _____ YY _____

Child's Birth Country: _____

Name of Orphanage (if applicable): _____

Length of time in orphanage: _____

List placements prior to the orphanage and approximate length of time in each:

Worker/Organization, assisting with placement: _____

Other: _____

If prospective parent: How certain are you about adopting this child prior to evaluation?

Certain _____ Fairly Certain _____ Not Sure _____ Probably Not _____

What materials do you want evaluated? Please list. (It is important to indicate the length and number of video segments on the tape you provide. We are not responsible for tape segments that are not indicated below. If the video is longer than 15 minutes, we may need additional time to provide you with the verbal and written reports. Additionally, depending on the length of the videotape, there may be an additional fee.

Please indicate the date of the video recording and the name/organization of the translator for medical records, if known.

If multiple children are recorded on the video, please indicate this above. Identify each child by some distinctive feature, e.g., clothing, length or color of hair, gender, etc. A client information sheet must be filled out for each child.

Please list any additional information about the child of which you are aware that may not be in the materials you provide.

Please list any specific questions you may have about this child.

Remember to initial all materials (i.e. medical records, videotapes, pictures, etc.) you provide.

CONSENT FOR PRE-ADOPTION EVALUATION

(In the event two parties are contemplating adoption both must sign)

I/We _____ hereby consent to the review, evaluation and assessment by the Yale International Adoption Clinic of _____, a child currently available for adoption from _____

I/We understand and agree that the reviewers include physicians, support personnel trainees and technicians.

I/We have provided the reviewers with the following materials and documents:

A: Videotape dated _____ and initialed by _____

B: Photographs marked _____ and initialed by _____

C: English translation of medical records, summary and/or abstracts consisting of _____ pages and initialed by _____

D: Other (list, describe, indicate number of pages and initial):
_____ and initialed by _____

I/We understand that the materials provided cannot be returned. The physicians at the Yale International Adoption clinic will keep these materials as a part of the permanent record. All materials will be maintained with attention to confidentiality in locked cabinets.

I/We understand that the limitations of these evaluations include, but are not limited to, the following: the length of the video segment provided, language barriers inability to interact with or examine the child, quality of translation of the medical records, the environment the child is in and the variability of the child's temperament. I/We understand that the reviewers will only review the video segments indicated on the initial client information sheet.

I/We understand that the results of the evaluation of the materials I/we provide constitute a professional opinion based on the limited information and cannot constitute a comprehensive and accurate diagnosis or assessment of the child. I/We understand the impressions from the evaluation that I/we am/are requesting will not include a prediction of long term outcome because this is not a realistic expectation.

I/We further understand that the Yale International Adoption clinic can not and will not provide a diagnosis of the health or prognosis of the child we seek to adopt. We recognize that a formal assessment can be rendered by the Yale International Adoption clinic only after a personal examination of the child and the administration of various tests conducted on and with the child.

I/We have read all of the information above and release and hold harmless Yale University School of Medicine and Yale-New Haven Hospital, as well as their medical and professional staffs, agents and employees from liability associated with the evaluation due to the limitations of the presentation of the information.

The reviewer(s) will maintain confidentiality of the identity of individuals/organizations requesting the evaluation as well as the identity of the child.

Name (Please Print)

Witness

Signature

Date

Name (Please Print)

Witness

Signature

Date