Adoption Search, Contact and Reunion Services

VOLUNTEER CONFIDENTIAL INTERMEDIARY CODE OF ETHICS
AND OATH OF CONFIDENTIALITY

In the performance of my duties and responsibilities as a Volunteer Confidential Intermediary, pursuant to the provisions of 07.02.13.01 through .09, Code of Maryland Regulations,

I _________________________________________________, do hereby affirm that:

1. I have completed the requisite Confidential Intermediary training as required by the Maryland Department of Human Resources.

2. I will not disclose to anyone, directly or indirectly, identifying or confidential information contained in the records or otherwise obtained through the search process, except under the conditions specified by the Maryland Department of Human Resources and as permitted by the provisions of the Code of Maryland Regulations 07.02.13.01 through 07.02.13.09.

3. I will conduct a reasonable search for an individual being sought and make a discreet and confidential inquiry as to whether the individual consents to the release of identifying information, medical information, communication with the Registrant and/or direct contact with the Registrant and will report the results of my search and inquiry to the Administration.

4. If the Registrant and the individual being sought consent in writing to meet or to communicate with each other, I will act in accordance with the regulations of the Administration to facilitate any meeting or communication between them.

5. I will not accept any fee or compensation for Confidential Intermediary services except as authorized by the Administration and by the Maryland statutes.

6. I recognize that the unauthorized release of information is a violation of Maryland law and could result in the loss of my certification as a Confidential Intermediary.

7. I will turn my identification badge into the Administration once I am no longer providing Confidential Intermediary services.

Signature: ________________________________________        _________________________
Volunteer Confidential Intermediary                                   Date

Local Department of Social Services/Private Agency: _________________________________

Approved: ________________________________________        _________________________
Administrator                                                                     Date

DHR/SSA 2077
(August 2013)