

### Iowa Department of Human Services

### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under lowa law. Complete a separate form for each person for whom information is requested and email to <a href="mailto:dhsabuseregistry@dhs.state.ia.us">dhsabuseregistry@dhs.state.ia.us</a>, or fax to (515) 564-4112, or mail to the lowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are reque  Child Abuse Registry  Depende		checking the Abuse Regist	• • •	v: 3oth	
Please specify your preferred method of respons	se by che	cking a box a	and completing the inf	ormation in S	Section 1.
☐ Address ☐ Fax			E	mail	
Section 1: To be completed by the person or agency requesting the information.					
Requester: Last First Agency Name			Telephone Number		
Address				Fax Number	er
City		State	Zip Code	Email	
List the name and address of the person whose information is being requested:					
Name (last, first, middle)  Birth [			Birth Date	Social Security Number	
Address	City		County	State	Zip Code
List maiden name, previous married names, and any alias:					
What is the purpose of your request for child or dependent adult abuse information?					
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.					
Lan mie accome bage er mie renni					
Signature of Requestor				Date	
			partment of Human		o release their
Signature of Requestor  Section 2: To be completed by the person	informa uester to r ing abuse	receive informed a child (lov	nation to verify whether va Code section 235A	er I am name	ed on the Child endent adult
Signature of Requestor  Section 2: To be completed by the person child or dependent adult abuse  I understand that my signature authorizes the requestion Abuse or Dependent Adult Abuse Registry as having	informa uester to r ing abuse	receive informed a child (lov	nation to verify whether va Code section 235A	er I am name	ed on the Child endent adult
Signature of Requestor  Section 2: To be completed by the person child or dependent adult abuse  I understand that my signature authorizes the requestion Abuse or Dependent Adult Abuse Registry as having (lowa Code section 235B.6). To the best of my known and the code section 235B.6.	informa uester to r ing abuse nowledge,	etion. Teceive informed a child (love the information)	nation to verify whether va Code section 235A ion contained in Secti	er I am name (1.15) or depe on 1 of this f	ed on the Child endent adult
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Signature of Requestor  Section 2: To be completed by the person child or dependent adult abuse  I understand that my signature authorizes the requestion Adult Abuse Registry as having (lowa Code section 235B.6). To the best of my kind Signature of Person Authorizing  Section 3: To be completed by the Central Adult Abuse Registry as having (lowa Code section 235B.6). To the best of my kind Signature of Person Authorizing  The person whose information is being requested abused a dependent adult.  The person whose information is being requested abused a dependent adult.	uester to ring abuse nowledge,  Abuse Rested is list sted is no sted is no sted is no	receive informed a child (low the informat egistry or detection the Child the control on the Detect listed listed on the Detect listed	nation to verify whether a Code section 235A ion contained in Section Contained Inc.	er I am name (1.15) or depe on 1 of this f Date having abus y as having a Registry as	ed on the Child endent adult orm is correct.  sed a child. abused a child. having abused a

470-3301 (Rev. 2/16) Copy 1: Central Registry Copy 2: Returned to Requester

# LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

## Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ♦ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ♦ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ♦ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ♦ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

#### Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ♦ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.