

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 <u>dhsabuseregistry@dhs.state.ia.us</u>, 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 requesting by checking the appropriate box below:

Child Abuse Reg	istry
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Dependent Adult Abuse Registry

Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

Section 1: To be completed by the person or agency requesting the information.							
Requester: Last First	Agency Name		Telephone Number				
Address			Fax Number				
City		State	Zip Code	Email			
List the name and address of the person whose information is being requested:							
Name (last, first, middle)	Birth Date		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 d	ependent	adult abuse i	nformation?				
I have read and understand the legal provisions f on the second page of this form.	or handlin	g child and d	ependent adult abuse	e information	which is printed		
Signature of Requestor		Date					
Section 2: To be completed by the person child or dependent adult abuse			partment of Human	Services to	o release their		
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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.