

Address

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 dhsabuseregistry@dhs.state.ia.us, 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:

X Fax

Child Abuse Registry	Dependent Adult Abuse Registry
----------------------	--------------------------------

X Both

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

Section 1: To be completed by the person	or agency requestin	g the information.						
Requester: Last First	Requester: Last First Agency Name			Telephone Number				
Iowa Valley Community College District			(641)752-4645					
Address			Fax Number					
3702 5, Center St.				2-1692				
City	State IA	Zip Code	Email					
Marshalltown,	50158							
List the name and address of the person whose it	nformation is being req	uested: Birth Date						
Name (last, first, middle)			Social Sec	Social Security Number				
Address	City	County	State	Zip Code				
List maiden name, previous married names, and	any alias:		1					
What is the purpose of your request for child or dependent adult abuse information? Clinical rotation for nurse aide program								
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.								
Signature of Requestor			Date					
Section 2: To be completed by the person child or dependent adult abus		partment of Human	Services t	to release their				
	e <i>information.</i> quester to receive inform ving abused a child (Io	mation to verify whethe wa Code section 235A	er I am nam 1.15) or depe	ed on the Child endent adult				
<i>child or dependent adult abus</i> I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as ha	e <i>information.</i> quester to receive inform ving abused a child (Io	mation to verify whethe wa Code section 235A	er I am nam 1.15) or depe	ed on the Child endent adult				
<i>child or dependent adult abus</i> I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as ha (Iowa Code section 235B.6). To the best of my k	e information. quester to receive inform ving abused a child (Io knowledge, the information	mation to verify whethe wa Code section 235A tion contained in Secti	er I am name 1.15) or depe	ed on the Child endent adult				
child or dependent adult abus I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as ha (Iowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central	e information. quester to receive information ving abused a child (io knowledge, the information Abuse Registry or o	mation to verify whethe wa Code section 235A tion contained in Secti designee.	er I am name (15) or depe on 1 of this Date	ed on the Child endent adult form is correct.				
child or dependent adult abus I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as har (lowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central The person whose information is being requered	e information. quester to receive information ving abused a child (lo knowledge, the information Abuse Registry or of ested is listed on the C	mation to verify whethe wa Code section 235A tion contained in Secti designee. hild Abuse Registry as	er I am name (15) or depe on 1 of this Date having abu	ed on the Child endent adult form is correct. sed a child.				
child or dependent adult abus I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as ha (lowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central The person whose information is being reque The person whose information is being reque The person whose information is being reque	e information. quester to receive information ving abused a child (lo knowledge, the information Abuse Registry or d ested is listed on the C ested is not listed on the	mation to verify whethe wa Code section 235A tion contained in Secti designee. hild Abuse Registry as le Child Abuse Registry	er I am name (15) or depe on 1 of this Date having abu y as having	ed on the Child endent adult form is correct. sed a child. abused a child.				
child or dependent adult abus I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as har (lowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central The person whose information is being requed Abust the person whose information is being requed State the person whose information is being requed State the person whose information is being requed The person whose information is being requed	e information. quester to receive information ving abused a child (lo knowledge, the information Abuse Registry or d ested is listed on the C ested is not listed on the D	mation to verify whethe wa Code section 235A tion contained in Secti designee. hild Abuse Registry as he Child Abuse Registry ependent Adult Abuse	er I am name (15) or depe on 1 of this Date having abu y as having Registry as	ed on the Child endent adult form is correct. sed a child. abused a child. having abused a				
 <i>child or dependent adult abus</i> I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as har (lowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central The person whose information is being reque abused a dependent adult. 	e information. quester to receive information ving abused a child (lo knowledge, the information Abuse Registry or of ested is listed on the C ested is not listed on the D ested is listed on the D ested is not listed on the D	mation to verify whethe wa Code section 235A tion contained in Secti designee. hild Abuse Registry as the Child Abuse Registry ependent Adult Abuse the Dependent Adult Abuse	er I am name (15) or depe on 1 of this Date having abu y as having Registry as	ed on the Child endent adult form is correct. sed a child. abused a child.				
child or dependent adult abus I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as har (lowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central The person whose information is being requed Abust the person whose information is being requed State the person whose information is being requed State the person whose information is being requed The person whose information is being requed	e information. quester to receive information ving abused a child (lo knowledge, the information Abuse Registry or of ested is listed on the C ested is not listed on the D ested is listed on the D ested is not listed on the D	mation to verify whethe wa Code section 235A tion contained in Secti designee. hild Abuse Registry as the Child Abuse Registry ependent Adult Abuse the Dependent Adult Abuse	er I am name (15) or depe on 1 of this Date having abu y as having Registry as	ed on the Child endent adult form is correct. sed a child. abused a child.				
child or dependent adult abus I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as har (lowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central The person whose information is being requered Between the person whose information is being requered Signature of Registry Staff or Designee	e information. quester to receive information ving abused a child (lo knowledge, the information Abuse Registry or of ested is listed on the C ested is not listed on the D ested is listed on the D ested is not listed on the D	mation to verify whethe wa Code section 235A tion contained in Secti designee. hild Abuse Registry as the Child Abuse Registry ependent Adult Abuse the Dependent Adult Abuse	er I am name (15) or depe on 1 of this Date having abu y as having Registry as	ed on the Child endent adult form is correct. sed a child. abused a child.				
child or dependent adult abus I understand that my signature authorizes the red Abuse or Dependent Adult Abuse Registry as had (lowa Code section 235B.6). To the best of my k Signature of Person Authorizing Section 3: To be completed by the Central The person whose information is being requed Dependent adult. The person whose information is being requed Abused a dependent adult. This request for information is denied because	e information. quester to receive information ving abused a child (lo knowledge, the information Abuse Registry or of ested is listed on the C ested is not listed on the D ested is listed on the D ested is not listed on the D	mation to verify whethe wa Code section 235A tion contained in Secti designee. hild Abuse Registry as the Child Abuse Registry ependent Adult Abuse the Dependent Adult Abuse	er I am name (15) or depe on 1 of this Date having abu y as having Registry as	ed on the Child endent adult form is correct. sed a child. abused a child.				

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (lowa 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 (lowa 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.

ξ	Sample 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 Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.								
	Please specify which abuse registry you are reque		checking the appropriate box below:						
			Abuse Registi sking a box a			Section 1.			
	Address X Address X Fax	ur preferred method of response by checking a box and completing the information in							
	Section 1: To be completed by the person	or agenc	y requesting	g the information.					
	Iowa Valley Community College District			Telephone Number (641) 752 - 4645					
	Address 3702 S. Center St.				Fax Number (641)752-1692				
	City		State	Zip Code 50158	Email				
~	Marshalltown,	nformatior	<i>IA</i> is being regi						
100	Name (last, first, middle)		<u> </u>	Birth Date	Social Security Number				
Student information	Address	City		County	State	Zip Code			
ta	List maiden name, previous married names, and	any alias:							
	What is the purpose of your request for child or dependent adult abuse information? <u>Clinical rotation</u> for nurse aide program I have read and understand the legal provisions for handling child and dependent adult abuse information which is prior on the second page of this form.								
	Signature of Requestor		Date						
	Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.								
	Abuse or Dependent Adult Abuse Registry as ha	derstand that my signature authorizes the requester to receive information to verify whether I am named on the Child use or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult va Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.							
	Signature of Person Authorizing Student Signature	Date Date							
	Section 3: To be completed by the Central Abuse Registry or designee.								
	 The person whose information is being requested is listed on the Child Abuse Registry as having abused a child. The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child. The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a child. The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a child. 								
	 The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult. This request for information is denied because the form is incomplete. 								
	Signature of Registry Staff or Designee Date								
	Comments								