

**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 Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), 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 requesting by checking the appropriate box below:

Child Abuse Registry       Dependent Adult Abuse Registry       Both

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

Address       Fax       Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last Tappe	First Sami Jo	Agency Name Tappe & Sanchez Support Services	Telephone Number ( 515 ) 745-5448
Address 7044 Carey Ct			Fax Number ( N/A )
City Johnston	State IA	Zip Code 50131	Email Tappesss@outlook.com

List the name and address of the person whose information is being requested:

Name (last, first, middle)	Birth Date	Social Security Number	
Address	City	County	State

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

To determine appropriateness to provide services to Medicaid individuals.

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 authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa 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	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 dependent adult.  
 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

## **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 redistribute (release) this information, except that redistribution is permitted when **ALL** of the following conditions apply:

- ◆ The redistribution 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 redistributed would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redistribution, including the name of the recipient and the date and purpose of the redistribution.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redistribution.

### **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.