

Request for Dependent Adult Abuse Registry Information

To request information about dependent adult abuse, complete this form and mail it to: **Central Abuse Registry, Iowa Department of Human Services, 401 SW 7th Street, Suite G, Des Moines, IA 50309-3574.**

Note: Information will be released only to people who have access to it under Iowa Code section 235B.6.

Criminal Penalties (235B.12)

1. Any person who willfully requests, or seeks to obtain dependent adult abuse information under false pretenses, or who willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with section 235B.6 and 235B.8, or any person connected with any research authorized pursuant to section 235B.6 who willfully falsifies dependent adult abuse information or any records relating thereto, is guilty of a serious misdemeanor. Any person who knowingly, but without criminal purposes, communicates or seeks to communicate dependent adult abuse information except in accordance with section 235B.6 and 235B.8 shall be guilty of a simple misdemeanor.
2. Any responsible grounds for belief that a person has violated any provision of this chapter shall be grounds for the immediate withdrawal of any authorized access such person might otherwise have to dependent adult abuse information.

Redissemination of Dependent Adult Abuse Information (235B.8)

A recipient of dependent adult abuse information shall not redisseminate (release) the information, except when all of the following conditions apply:

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

Name of person making request:		Office phone:	
Office address:			
Position and basis for authorization (Code 235B.6):			
Information requested concerning (name—first, middle, last):		Social security number:	Birth date:
Maiden name or alias (if applicable):		Address:	
What information is requested:			
Date		Signature	
To be completed by Registry personnel			Date:
<input type="checkbox"/> Request approved by:			
<input type="checkbox"/> Request denied because:			
Information released:			