



Request for Child and Dependent Adult Abuse Information

Persons for agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. After the form is completed, please email to iowaabuseregistry@hhs.iowa.gov, or fax to (515) 564-4112, or mail to the Iowa Department of Health and Human Services, FWBP/CPS/Operations/Registry, 321 E. 12th Street Des Moines, IA 50319.

Please specify your type of request by checking the appropriate box below:

Child abuse request Dependent adult abuse request Both

Please specify your preferred **method of response**: Address Fax Email

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

Requester Name: Last Butler		First Kara		Agency Name Oakview, Inc.		Telephone Number (641) 366-2212	
Address 511 E Center St.						Fax Number (641) 366-2063	
City Conrad			State IA	Zip Code 50621	Email k.butler@oakviewinc.net		
Relationship to the persons listed in Section 2: Potential Employer				Purpose for request: Employment in a Nursing Facility			
State the Iowa Code section that allows access to the child or dependent adult abuse information requested: 481-50.9(3)							
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.							
Signature of Requester:					Date		

Section 2: List the name(s) and address of the person(s) whose record is being checked.

Last	First	Middle	County	Birth Date	Social Security #
Address			City	State	Zip Code
List maiden name, any previous married names, and any alias (include first name):					

Section 3: Registry or designee decision.

This request for information is approved.

This request for information is denied because:

Signature of Registry or Designee	Date
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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.

**Requests for Correction or Expungement of a
Child or Dependent Adult Abuse Report**

To request an administrative appeal hearing of a child or dependent adult abuse report, please submit a request in writing to: Iowa HHS Division of Compliance, 321 E. 12th Street, Des Moines, Iowa 50319. You will be notified in writing acknowledging receipt of your request; time, date, and place of your hearing; and any decisions regarding your request. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions per Iowa Code sections 235A.19 or 235B.10.