



Iowa Department of Human Services

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February 1, 2016

GENERAL LETTER NO. 16-G-AP-36

ISSUED BY: Bureau of Child Welfare and Community Services,
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter G, **DEPENDENT ADULT
PROTECTIVE SERVICES APPENDIX**, Contents (page 1), revised; pages 8b,
19, 22, and 34, revised; and the following forms:

470-0643 *Request for Child and Dependent Adult Abuse Information*, new
470-3301 *Authorization for Release of Child and Dependent Adult Abuse
Information*, new
470-3301(S) *Authorization for Release of Child and Dependent Adult Abuse
Information (Spanish)*, new
470-3767 *Access to Confidential Abuse Information and Non-
Redissemination Agreement*, revised

Summary

Chapter 16-G Appendix is revised to:

- ◆ Merge form 470-0612 with 470-0643. Form 470-0643 is renamed, revised, and added to the Appendix. Form 470-0643 has been renamed from *Request for Dependent Adult Abuse Registry Information* to *Request for Child and Dependent Adult Abuse Information*. Form 470-0612 is obsolete.
- ◆ Merge form 470-4531 with 470-3301. Form 470-3301 is renamed, revised, and added to the Appendix. Form 470-3301 has been renamed from *Authorization for Release of Dependent Adult Abuse Information* to *Authorization for Release of Child and Dependent Adult Abuse Information*. Form 470-4531 is obsolete.
- ◆ Add the Spanish version of form 470-3301(S), *Authorization for Release of Child and Dependent Adult Abuse Information*.
- ◆ Rename and revise form 470-3767 from *Non-Redissemination Agreement* to *Access to Confidential Abuse Information and Non-Redissemination Agreement*.

Effective Date

February 1, 2016

Material Superseded

This material replaces the following pages from Employees' Manual, Title 16, Chapter G, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 25, 2015
8b	June 26, 2009
470-0612	6/11
19	October 14, 2011
22	November 21, 2014
470-4531	6/11
470-3767	6/10
34	August 1, 2000

Additional Information

Refer questions about this general letter to your area service administrator.

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Dependent Adult Abuse Information Request, Form 470-3326

Purpose Form 470-3326 requests dependent adult abuse information from persons (i.e., collaterals) who are believed to have knowledge of a case of dependent adult abuse.

Supply Complete this form on line using the template in the public state approved forms folder on Outlook under “Service.”

Completion The protective services worker completes this form whenever the worker wants to request information from someone believed to have dependent adult abuse information.

Distribution Mail the completed form to the person from whom you are requesting information. Keep the copy in the investigation file.

Data Enter:

- ◆ The person’s name and address.
- ◆ The date.
- ◆ An explanation of the specific information you are requesting.
- ◆ Your name and address.

The template allows use of central office letterhead or substitution of your county office letterhead by retyping or making autotext entries at the top and bottom.



Request for Child and Dependent Adult Abuse Information

Persons or 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. **Complete a separate form for each family or individual** and email to 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 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** 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		First		Agency Name		Telephone Number ()	
Address						Fax Number ()	
City			State	Zip Code		Email	
Relationship to the persons listed in Section 2 or 3:							
Purpose for request:							
State the Iowa Code section that allows access to the child or dependent adult abuse information requested:							
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		

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

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

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

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.

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

Section 4: 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 disseminate (release) this information, except that dissemination is permitted when **ALL** of the following conditions apply:

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

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: Department of Human Services, Appeals Section, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. 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.

Request for Child and Dependent Adult Abuse Information, Form 470-0643

Purpose	Form 470-0643 is provided for authorized persons to request information from the Central Abuse Registry.
Supply	DHS staff may complete this form on line using the template in Outlook or print or photocopy the form from the sample in the manual.
Completion	The person requesting information concerning a dependent adult that has been reported as abused completes this form.
Distribution	Send the form to the Registry for approval before releasing dependent adult abuse information, except when information is needed immediately as provided in 16-G, Requests for Dependent Adult Abuse Information .

The Registry completes the form indicating approval or denial of the request. The Registry returns the form to the requestor when:

- ◆ The request is an employment check, or
- ◆ The local office no longer has a copy of the report, or
- ◆ The request is delivered personally to the Registry, or
- ◆ The request is denied.

For other requests, the Registry returns the form to the local office. The local office provides the information that has been authorized for release to the person making the request.

Note: Do not release the social security numbers of either the dependent adult or the person responsible for the abuse. Delete them when you release a copy of form 470-0688, *Dependent Adult Abuse Evaluation or Assessment Report*.

Data	The requester completes: <ul style="list-style-type: none">◆ Name, phone number, and address of the requestor.◆ Position and basis for authorization to receive the information.◆ First, middle, and last name of the person the request is about.◆ That person's maiden name or alias.◆ That person's social security number, birth date, and address.◆ The reason for the request.◆ The date and the requestor's signature.
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**Authorization for Release of Child and Dependent Adult Abuse Information, Form
470-3301 and 470-3301(S)**

Purpose	Form 470-3301 and 470-3301(S) provide a means for persons who do not have authorized access to child abuse and dependent adult abuse information to request a background check when the person being checked agrees and signs the form.
Supply	This form is available on the Department's website: www.dhs.iowa.gov/ . Click on "Can We Help?" then click on "ADULT PROTECTION" and then scroll down to "WHERE DO I GO TO GET MORE INFORMATION?" The form may be printed from the website.
Completion	The person who is requesting the background check initiates this form. The person being checked provides the needed information and signs the form to authorize the Department to release the information. Central Registry staff complete the background check.
Distribution	The person requesting the background mails or faxes the form to the Central Abuse Registry. Registry staff completes the background check and mail or fax it back to the requester.
Data	The data is entered by the person being checked, the person requesting the background check and Registry staff.



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, 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	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	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 dependent adult abuse information?				
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
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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 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.

**Authorization for Release of Child and Dependent Adult Abuse Information**
(Autorización para divulgar información sobre abuso de menores o adultos dependientes)

Este formulario se debe utilizar para autorizar la divulgación de información sobre abuso de menores o adultos dependientes cuando la persona que solicita dicha información no tiene acceso a la misma según las leyes de Iowa. Complete un formulario separado para cada una de las personas sobre las que se solicita información y envíelos por email a dhsabuseregistry@dhs.state.ia.us, o por fax a (515) 564-4112, o por correo a: Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Marque la casilla que corresponda para indicar qué registro de abusos está solicitando:

Registro de abusos de menores Registro de abusos de adultos dependientes Ambos

Marque la casilla para indicar su **método preferido de respuesta** y complete los datos de la Sección 1.

Domicilio Fax Email

Sección 1: Debe ser completada por la persona o la organización que solicita la información.

Solicitante: Apellido		Primer nombre		Nombre de la organización:		Teléfono ()	
Domicilio						Fax ()	
Ciudad			Estado	Código postal		Email	
Indique el nombre y el domicilio de la persona sobre la que se solicita información:							
Nombre (apellido, primer nombre, segundo nombre)				Fecha de Nac.		Nº. de Social Security	
Domicilio			Ciudad		Condado	Estado	Código postal
Indique nombre de soltera, nombres de matrimonios anteriores y alias:							
¿Cuál es el motivo de su solicitud de información sobre abuso de menores o adultos dependientes?							
He leído y entiendo las disposiciones legales para uso de la información sobre abuso de menores y adultos dependientes que está impresa en la segunda página de este formulario.							
Firma del solicitante						Fecha	

Sección 2: Debe ser completada por la persona que autoriza a Department of Human Services a divulgar información sobre abuso de menores y adultos dependientes.

Entiendo que por medio de mi firma autorizo al solicitante a recibir información para constatar si mi nombre figura en el Registro de Abuso de Menores o de Adultos Dependientes en calidad de agresor de un menor (Código de Iowa, sección 235A.15) o de un adulto dependiente (Código de Iowa, sección 235B.6). La información contenida en la Sección 1 de este formulario es correcta a mi leal saber y entender.

Firma de la persona autorizante	Fecha
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Sección 3: Debe ser completada por el Registro Central de Abusos o la persona designada.

La persona cuya información se solicita figura en el Registro de Abuso de Menores como agresor de un menor.
 La persona cuya información se solicita no figura en el Registro de Abuso de Menores como agresor de un menor.
 La persona cuya información se solicita figura en el Registro de Abuso de Adultos Dependientes como agresor.
 La persona cuya información se solicita no figura en el Registro de Abuso de Adultos Dependientes como agresor.
 Se rechaza la presente solicitud de información porque el formulario está incompleto.

Firma de empleado del Registro o persona designada	Fecha
Comentarios	

DISPOSICIONES LEGALES PARA USO DE INFORMACIÓN SOBRE ABUSO DE MENORES O ADULTOS DEPENDIENTES

Redistribución de Información sobre Abuso de Menores y Adultos Dependientes (Código de Iowa, secciones 235A.17 y 235B.8)

Las personas, organizaciones u otros entes receptores de información sobre abuso de menores o adultos dependientes no redistribuirán (no divulgarán) dicha información, excepto en el caso de que la difusión sea permitida cuando se cumplan **TODAS** las condiciones siguientes:

- ◆ La redistribución se realiza con fines oficiales relacionados con los deberes prescritos o de conformidad con las responsabilidades profesionales en el caso de profesionales de la salud.
- ◆ La persona a quien se divulgará dicha información posee autorización para acceder a la misma información de manera independiente según lo dispuesto en las secciones 235A.15 o 235B.6 del Código de Iowa.
- ◆ La difusión se registra por escrito, incluyendo el nombre de la persona receptora, y la fecha y el propósito de la redistribución.
- ◆ El registro escrito se envía al Registro Central de Abusos en un plazo de 30 días con posterioridad a la redistribución.

Sanciones penales (Código de Iowa, secciones 235A.21 y 235B.12)

Una persona es culpable de un delito cuando la misma:

- ◆ Voluntariamente solicita, obtiene o procura obtener información sobre abuso de menores o adultos dependientes de manera fraudulenta, o
- ◆ Voluntariamente comunica o procura comunicar información sobre abuso de menores o adultos dependientes a una organización o a una persona, excepto según lo dispuesto en las secciones 235A.15, 235A.17, 235B.6 y 235B.8 del Código de Iowa, o
- ◆ Está relacionada con una investigación autorizada según las secciones 235A.15 y 235B.6 del Código de Iowa y voluntariamente falsifica información sobre abuso de menores o adultos dependientes o registros relacionados con abuso de menores o adultos dependientes.

En el caso de ser condenada por cada uno de esos delitos, dicha persona será culpable de un delito menor grave que se sanciona con multa o prisión.

Toda persona que a sabiendas, pero sin fines criminales, comunica o procura comunicar información sobre abuso de menores o adultos dependientes, excepto según lo dispuesto en las secciones 235A.15, 235A.17, 235B.6 y 235B.8 del Código de Iowa, es culpable de un delito menor simple que se sanciona con multa o prisión en el caso de ser condenada por cada uno de esos delitos.

En el caso de existir bases suficientes para creer que una persona ha infringido alguna de las disposiciones de los capítulos 235A y 235B, será motivo para la cancelación inmediata de la autorización que dicha persona tenga para acceder a la información sobre abuso de menores o adultos dependientes.

Access to Confidential Abuse Information and Non-Redissemination Agreement, Form 470-3767

Purpose	<p>Form 470-3767 is used to document the agreement of agencies and entities electronically accessing child and dependent adult abuse information from the Single Contact Repository (SING) to abide by the laws of access and redissemination for child abuse and dependent adult abuse information.</p> <p>The purpose of the authorized access is to complete employee abuse background record checks if the agency or entity is authorized to do so under Iowa Code.</p>
Supply	<p>Print supplies of form 470-3767 from the on-line manual or photocopy the sample form.</p>
Completion	<p>Agencies or entities mandated to complete dependent adult abuse background checks on employees, and who access information on SING, complete the form. The administrator signs the form when gaining access to SING.</p>
Distribution	<p>Email, fax, or mail the completed and signed form.</p> <ul style="list-style-type: none">◆ Email to DHSAbuseRegistry@dhs.state.ia.us, or◆ Fax to (515) 564-4112, or◆ Mail to the Iowa Department of Human Services, Central Abuse Registry, PO Box 4826, Des Moines, IA 50305 <p>Post a signed copy within sight of the work area in which SING is accessed.</p>
Data	<p>Enter the name of the agency or entity, billing account number, and the name of the administrator.</p> <p>The administrator of the agency or entity must sign the agreement when gaining access to the electronic information system.</p>



Iowa Department of Human Services

Access to Confidential Abuse Information and Non-Redissemination Agreement

As a condition of electronically accessing child and dependent adult abuse information from the Single Contact Repository (SING), our agency agrees to abide by the laws of access and redissemination of child and dependent adult abuse information before conducting a child or dependent adult abuse registry check. We have access to this information under Iowa Code section 135C.33 or 235A.15, for child abuse, and Iowa Code section 135C.33 or 235B.6, for dependent adult abuse.

Our signature on this agreement indicates that our agency understands and agrees to the legal provisions for handling child and dependent adult abuse information established in Iowa Code sections 235A.17 and 235B.8, and is subject to the criminal penalties as set forth in Iowa Code sections 235A.21 and 235B.12.

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) 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 and 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.

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 pretense, 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 or agency might otherwise have to child or dependent adult abuse information.

Conditions of Agreement

The administrator of the agency or facility must sign a copy of this *Access to Confidential Abuse Information and Non-Redissemination Agreement* (form 470-3767). This form (signed by the administrator) must include the billing account number and be emailed to DHSAbuseRegistry@dhs.state.ia.us, or faxed to (515) 564-4112, or mailed to the Iowa Department of Human Services, Central Abuse Registry, PO Box 4826, Des Moines, IA 50305. The signed copy must also be posted within sight of the work area in which SING is accessed.

We agree to have every employee who will have access to child and dependent adult abuse information via SING, sign a copy of this *Access to Confidential Abuse Information and Non-Redissemination Agreement* (form 470-3767) and keep it on file at this facility or agency to allow the licensure agency personnel to view this agreement upon request.

We further agree to obtain signed authorization (form 470-3301) from each employee or applicant before completing any abuse registry checks through SING. Signed authorization forms do not need to be submitted to the Central Abuse Registry, but must be kept on file at this facility or agency to allow the licensure agency personnel to view upon request.

We understand that this agreement will allow our agency or facility to receive any child or dependent adult abuse information maintained by the DHS as allowed under Chapters 135C.33, 235A, and 235B of the Iowa Code. We understand that without a signed agreement and signed authorizations on file, our agency or facility will not have access to child and dependent adult abuse information.

Name of Facility or Agency
Billing Account Number (as provided by DCI upon approval of the SING account)
Administrator (type or print name)
Signature of Administrator