

Date: \_\_\_\_\_

Registry Number: \_\_\_\_\_

Incident Number: \_\_\_\_\_

### Adult Protective Notification

**IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THIS NOTICE PLEASE CONTACT:**

Protective Service Worker
Protective Services Unit Address
Protective Services Supervisor
Telephone

**You have the right to be notified about an adult protective evaluation or assessment's outcome because:**

- You are the alleged victim of dependent adult abuse.
  - You are the guardian of a dependent adult who is the alleged victim of abuse.
  - You are the alleged person responsible for dependent adult abuse.
  - You are the mandatory reporter for this evaluation or assessment.
- OR:**  An addendum has been submitted for this report.

**An evaluation or assessment report (or addendum) has been submitted with the following conclusions:**

- The allegation of \_\_\_\_\_ was FOUNDED. This means that a preponderance of the available evidence indicates that abuse occurred. Founded reports are kept on the Central Abuse Registry for ten years (or ten years after the most recent founded report on the same victim or alleged perpetrator), and then sealed except for self-denial of critical care reports, which are kept in the local case file.
- The allegation of self-denial of critical care was FOUNDED. This means a preponderance of evidence indicates abuse occurred. Founded self-denial of critical care reports are kept in the local case file and not placed on the Central Abuse Registry.
- The allegation of \_\_\_\_\_ was UNFOUNDED. This means that there was not a preponderance of evidence to conclude that abuse occurred. Unfounded reports are expunged (destroyed) five years from the date they were unfounded.
- The allegation of \_\_\_\_\_ was CONFIRMED, NOT REGISTERED. This means there is a preponderance of evidence to conclude abuse occurred, however it was minor, isolated and unlikely to reoccur and will not go on the Registry. The report will be kept in the local office and expunged after five years, unless there is another report. If there is another report it will be kept and sealed ten years from the date of the subsequent report.

NOTE: A preponderance means more than half of the available evidence.

**PLEASE READ THE BACK OF THIS NOTICE** if you are a subject of this report and would like more information about your rights. *Subjects of dependent adult abuse evaluations or assessments have a right to receive a copy of the dependent adult abuse report which refers to them.* If you are listed above as a subject, or the guardian of a subject, you may complete the back of this form and return it to the DHS office address above to request a copy of this report.

**This evaluation or assessment concerns:**

Name of Alleged Victim:

Name(s) of Person(s) Alleged to be Responsible for the Abuse:

**ACCESS TO DEPENDENT ADULT ABUSE INFORMATION:** If you are a mandatory reporter who reported the allegations which were evaluated or assessed in the report referenced on the front of this form, or if you are the subject of a report (dependent adult victim, person found to have abused a dependent adult, guardian of a dependent named as abused in the report) or the lawyer representing any subject, you have a right to information from that report. A limited number of professionals or agencies may also receive dependent adult abuse information under certain circumstances, but confidentiality of dependent adult abuse information is protected by law. (Iowa Code Section 235B.6)

**REDISSEMINATION:** A person who receives dependent adult abuse information may not give that information to another person, unless permitted by law. If you give dependent adult abuse information to another person, you should make a written record of this action and send it within 30 days to the Central Abuse Registry, PO Box 4826, Des Moines, Iowa 50305. (Iowa Code Section 235B.8)

**CRIMINAL PENALTIES:** Any person who tries to obtain dependent adult abuse information under false pretenses, who gives false dependent adult abuse information, or who violates release of dependent adult abuse information laws may be charged with a misdemeanor. (Iowa Code Section 235B.12)

**EFFECT OF A FOUNDED DEPENDENT ADULT ABUSE EVALUATION REPORT:** If you are found to be responsible for the abuse of a dependent adult, you may be prohibited from providing care for dependent adults. You may also be prohibited from working in a health care facility. Any prohibition will be dependent on the Department's evaluation of the report. A founded dependent adult abuse record is not a criminal conviction. (Iowa Code Sections 235B.6(2))

**REQUESTS FOR CORRECTION OF A DEPENDENT ADULT ABUSE REPORT:** If you are the subject of a dependent adult abuse report that is founded, unfounded, or confirmed, not registered and you believe that the conclusion or any part of the report is in error, you may request correction or expungement of that report. To make such a request, you must send a *written and signed* statement which tells why you disagree with the report to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut, Des Moines, Iowa 50319-0114. You must send this written statement within *six months of the date of the notification on Page 1 of this form*. (Iowa Code Section 235B.10)

TO REQUEST A COPY OF THE DEPENDENT ADULT ABUSE REPORT, PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN ONE COPY OF THIS FORM TO THE PROTECTIVE SERVICE WORKER'S ADDRESS ON THE FRONT OF THIS FORM.

The information on page 1 of this form is important to help Department staff locate the report you are requesting. A duplicate copy of this notice is provided so that you may use one copy to request your report, and keep another for your records. **Please send one copy to the protective service worker's address, and keep one copy for your records. If you must send a photocopy, please copy page 1 of this form as well.**

Name of Requester	Date of Request	Registry Number(s)	Incident Number(s)
Address			
Why are you requesting this information?			
If there is more than one report on record, would you like copies of all reports? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**COUNTY DHS STAFF:** The Central Abuse Registry hereby grants permission to release the requested report to a subject of that report (or that person's attorney), as soon as the identity and subject status of the requester are verified.