Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 9, 2011

GENERAL LETTER NO. 1-C-AP-19

ISSUED BY: Bureau of Policy Coordination

SUBJECT: Employees' Manual, Title 1, Chapter C, ***CONFIDENTIALITY AND RECORDS APPENDIX***, the following forms:

470-3946	*Acknowledgement of Notice of Privacy Rights and Practices*, revised
470-4375	*Child Records Query*, revised
470-0429	*Consent to Obtain and Release Information*, revised
470-3948	*Designation of Personal Representative*, revised
470-3981	*HIPAA Complaint*, revised
470-4015	*Record of Disclosure of Health Information*, revised
470-3952	*Request for Access to Health Information*, revised
470-3985	*Request for List of Disclosures*, revised
470-3950	*Request to Amend Health Information*, revised
470-3947	*Request to Change How Health Information Is Provided*, revised
470-3949	*Request to End an Authorization*, revised
470-3953	*Request to Restrict Use or Disclosure of Health Information*, revised

Summary

Chapter 1-C Appendix is revised to:

♦ Update the letterhead on form 470-4375, *Child Records Query*, to reflect the current state leadership and the Department's branding.

♦ Update the following forms to reflect the Department's branding:

- 470-3946, *Acknowledgement of Notice of Privacy Rights and Practices*
- 470-0429, *Consent to Obtain and Release Information*
- 470-3948, *Designation of Personal Representative*
- 470-3981, *HIPAA Complaint*
- 470-4015, *Record of Disclosure of Health Information*
- 470-3952, *Request for Access to Health Information*
- 470-3985, Request *for List of Disclosures*
- 470-3950, *Request to Amend Health Information*
- 470-3947, *Request to Change How Health Information Is Provided*
- 470-3949, *Request to End an Authorization*
- 470-3953, *Request to Restrict Use or Disclosure of Health Information*

Effective Date

Upon receipt.

Material Superseded

This material replaces the following form from Employees' Manual, Title 1, Chapter C, Appendix:

Page	Date
470-3946	4/03
470-4375	6/09
470-0429	2/10
470-3948	8/03
470-3981	2/10
470-4015	6/04
470-3952	2/10
470-3985	2/10
470-3950	2/10
470-3947	2/10
470-3949	6/04
470-3953	2/10

Additional Information

Use up existing supplies of form 470-0429, *Consent to Obtain and Release Information*, before reordering from Anamosa in the usual manner.

Refer questions about this general letter to your area income maintenance administrator, area service administrator, regional collections administrator, your institution's privacy official, or the Department's Security and Privacy Office.

Iowa Department of Human Services

Acknowledgement of Notice of Privacy Rights and Practices

Under federal law,* the Department of Human Services must give you a copy of its Privacy Notice.

If you are receiving services directly from the Department, we must ask you for a written record that you have received the notice. Please complete the statement below indicating you have received a copy of the Privacy Notice. Return it to your worker.

Client Name ____

I have received a copy of the Department of Human Services' Privacy Notice. I understand that if changes are made to this notice, the Department will post the changes and I can request a copy of the revised notice. I also understand that I have the right to receive an additional copy of the notice at any time.

____ ________________________

Client or Personal Representative's Signature Date

* Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 Code of Federal Regulations Parts 160 and 164.

470-3946 (Rev. 12/11)

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date:

Respond to:
County Number: Worker Number:

Worker Name:

Worker Phone:

Office Address:

Dear :

We have received a request from , as the parent of , to share the following information about this child or children.

Information requested:

We need to know if you agree with us sharing this information. Please send your answer to the address listed above. If we do not get an answer from you by , we will decide what information can be shared based on Iowa law.

Iowa law says that unless otherwise ordered by the court in a custody decree, both parents have legal access to information about their child, including medical records. Therefore, we may have to share information even if you don't agree. You can see a list of the kinds of information that may be shared on the back of this form. You will get a copy of whatever information we share.

Response

- ❑ I agree that the Department may share this information.
- ❑ I do not agree that the Department may share this information because:

Please give your reason for not agreeing and provide any proof to support your reason. Please use an additional sheet of paper, if needed.	
Signature:	Date:

470-4375 (Rev. 12/11)

The Department may share the following information about a child with the child's parent who is not on the Department case even if you don't agree:

Program	Information Shared
Child Care Assistance	• Whether the child received assistance • What months the child received assistance
Family Investment Program	• Whether the child received assistance • What months the child received assistance
Food Assistance	• Whether the child received assistance • What months the child received assistance
hawk-i	• Whether the child received assistance • What months the child received assistance • What services were paid • The amount of payments for services
Medicaid	• Whether the child received assistance • What months the child received assistance • What services were paid • To whom the services were paid • The amount of payments for services

Iowa Department of Human Services

Consent to Obtain and Release Information

Client Name	ID#
Address	Parent/Guardian
Date of Birth	Address

I authorize ❒ DHS or ❒ ________________ County and the following individuals or agencies to share written and oral information about my needs and the services I receive:

Name/Agency

____

____

____

____

____

____

DHS or County Worker

Name
Address
Phone

The information released or shared may include:

Evaluation/Assessment
Educational assessment
Family and social data

Agency participation, plans, and progress reporting
Physical status (including vision, hearing, nutrition, communication skills, cognitive skills, and photographs)

Other (note exception or limits to this release)

____

____

____

Authorizing signature	Date	Relationship to client	Expiration date

A photocopy of this signed authorization shall have the same force and effect as this original.

Policy Regarding Discrimination, Harassment,
Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us

Iowa Department of Human Services

Designation of Personal Representative

Name of Client		Date of Request	
Mailing Address – Street or P.O. Box		Social Security Number, Patient Number, or State ID	
City, State, and Zip Code		Phone Number	Birth Date
Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility			

To be completed by client

I designate ______________________________ to act as my personal representative.
(Name of Person)

Relationship of personal representative to client:

☐ Son or daughter
☐ Spouse
☐ Friend
☐ Attorney
☐ Other (Please specify) ______________________________

Client's Signature	Date

Iowa Department of Human Services

HIPAA Complaint

Federal law* requires the Department of Human Services, both as an agency providing a health plan (Medicaid and ***hawk-i***) and as a health care provider (Department facilities), to comply with standards to protect the security and privacy of protected health information. "Protected health information" is information that communicates a person's medical condition – past, present, or future.

The Department has rules at 441 Iowa Administrative Code Chapter 9 to set the policies and manual and forms at Employees' Manual, Chapter 1-C and 1-C-Appendix, to explain the procedures that the Department must follow to comply with the federal security and privacy law and regulations. You can view these rules and manuals on the Department's web site at http://www.dhs.iowa.gov/policyanalysis.

You may file a complaint with the Department if you believe that:

- The Department is not following its privacy policies and procedures, or
- The Department's privacy practices do not agree with the federal law and regulations.

To file a complaint, you may do one of the following:

- Complete this form and mail it to:

  DHS HIPAA Security and Privacy Office
  Iowa Department of Human Services
  1305 East Walnut 1st Floor
  Des Moines, Iowa 50319-0114

- Write a letter stating your complaint and mail it to the DHS HIPAA Security and Privacy Office at the address above. (Use of this form is not required.)

Do not use this form to file an appeal. If you disagree with a Department decision on your specific case, you may file an appeal with the Department using the procedures given on the decision you received.

How do we reach you?

Name	Organization	Daytime Telephone Number

Mailing Address – Street or P.O. Box	City, State, and Zip Code

What is your complaint?

Please explain your complaint. Tell which of the Department's policies you disagree with and why. If you feel that a certain person, office, or facility of the Department is not following our procedures, please tell us. If you need more space, write on the back of this form or attach another page.

* Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 Code of Federal Regulations Parts 160 and 164)

Iowa Department of Human Services

Record of Disclosure of Health Information

Name of Client	State ID
Social Security Number (Medicaid or *hawk-i*)	Client ID (facilities)
Date of Birth	Parent/Guardian (if applicable)
Name of Person or Entity Receiving Information	Date of Disclosure
Address of Person or Entity – Street or P.O. Box	City, State, and Zip Code

Check purpose for the disclosure and provide a brief explanation of purpose checked or attach copy of written request for disclosure.

- ☐ Health oversight activities
- ☐ Judicial and administrative proceedings
- ☐ Law enforcement purposes
- ☐ To avert a threat to health or safety
- ☐ Required by law
- ☐ For public health activities
- ☐ Victims of abuse, neglect or domestic violence
- ☐ About decedents
- ☐ For cadaveric organ, eye, or tissue donation
- ☐ For specialized government functions
- ☐ By whistleblowers
- ☐ Accidental disclosures

Explanation:

Brief description of the protected health information disclosed:

Signature of Person Making the Disclosure	Date

Iowa Department of Human Services

Request for Access to Health Information

Name of Client	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility

To be completed by the client or the client's personal representative

I ask the Department of Human Services give me access to the following health information about me or members of my family. I understand that I will get the information or a denial of my request in 30 days if the information is easily available. If the information is not easily available, I will get it in 60 days unless the Department writes to me giving me the reasons for needing more time (up to 30 more days).

I understand that there may be a charge for making a copy of this information and that I will be told of the charge before I receive the information.

I understand that there are certain types of health information that the Department cannot release by law, such as psychotherapy notes. I understand:

- If my request is denied because a medical professional believes the information may cause harm to me or to someone else, I can ask that another medical professional review the decision. If the second medical professional still denies my request, I can appeal that decision.
- If my request is denied for any other reason, I can appeal the decision.

I would like access to the following health information: *(Name the subject of the information.)*

____

____

____

____

____

____

____

I want this information for the following dates:

From: ____________________________ To: ____________________________

Client or Personal Representative's Signature	Date

To be completed by Security and Privacy Office	
☐ Request is granted. ☐ Request is denied. Reason for denial: ____________________ ____________________	
Manual and Rule Reference:	
Security and Privacy Office Signature	Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is DHS policy to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us

Iowa Department of Human Services

Request for List of Disclosures

Name	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility

To be completed by client or client's personal representative

I request a list of the disclosures the Department of Human Services has made of protected health information for the following family members.

I understand that there may be a charge for this list and that I will be informed of the charge before I receive the list. I will receive this information within 60 days unless I am notified in writing that an additional 30 days is needed to obtain the information.

I understand this list will include the date of the disclosure, the name and address (if known) of the person or agency who received the information, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure.

Name of Individual	SSN, State ID, or Patient Number	Date of Birth

I want this information for the following time period (cannot be before April 14, 2003):

From: ______________________ To: ______________________

Client or Personal Representative's Signature	Date

To be completed by Security and Privacy Office	
☐ Request is granted. ☐ Request is denied. Reason for denial: ______________________	
Manual and Rule Reference:	
Security and Privacy Office Signature	Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

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Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

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- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

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You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

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Iowa Department of Human Services

Request to Amend Health Information

Name of Client	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility

To be completed by the client or the client's personal representative

I request that the Department of Human Services amend the following health information in my record. I understand that I can expect an answer in 60 days unless the Department writes to me, giving me the reasons more time is needed (up to 30 more days).

I understand that the Department is not required to agree to my request, but if it does agree, the Department will make the amendments as requested and will provide them to the persons I have identified and to other persons who may have relied on the information to my harm.

I also understand that if my request is not approved, I may appeal the denial of my request. If I lose my appeal, the Department will attach information regarding my request and the appeal to my record.

If I do not appeal, I may ask the Department to include my request and the Department's decision with any future releases of the information, and the Department will do so.

(Be specific about the answers to these questions. Attach additional pages if necessary.)

I would like the following health information amended: *(Name the subject of the information. Give the dates of the information. It cannot be before April 14, 2003.)*

____

____

I want this information amended as follows: ______________________________

____

____

I want this information amended because: ______________________________

____

____

I want this amendment sent to: (Name of person or agency and address): ______________

____

Client or Personal Representative's Signature	Date

To be completed by Security and Privacy Office	
☐ Request is granted. ☐ Request is denied. Reason for denial: ____________________	
Manual and Rule Reference:	
Security and Privacy Office Signature	Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

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If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

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Iowa Department of Human Services

Request to Change How Health Information Is Provided

Name of Client	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility

To be completed by the client or the client's personal representative

I request that the following health information currently being given to me by the Department of Human Services be given to me in a different way or in a different place.

I understand that the Department is not required to agree to my request if it is not reasonable.

I understand that if my request involves issues about payment for my health care, the Department will need to know how payment for services will be made before it will agree to my request.

I understand that if my request is approved, that means a different address for me must be entered into the Department computer system. All of the things that the Department mails to me through that system must go to that different address. This will include FIP or PROMISE JOBS cards, Medicaid cards, Food Assistance EBT cards, all Notices of Decision about eligibility and benefits, and other Department mailings.

I would like the following health information to be shared differently: ______________________________

____

I want this information shared differently because: ____

____

____

Check the box that tells how you want this information to be shared and complete the blank:

☐ Mail this information to the following address: ______________________________________

☐ Give this information to the following person to share with me: _________________________

☐ Other: ____

____

____

Client or Personal Representative's Signature	Date

To be completed by Security and Privacy Office	
☐ Request is granted. Should the Department need to stop honoring your request to change how information is provided, we will send you a written notice. ☐ Request is denied. Reason for denial: ______	
Manual and Rule Reference:	
Security and Privacy Office Signature	Date

RIGHT OF APPEAL

If you disagree with any action or failure to act concerning this request, you have the right to appeal, as stated in 441 Iowa Administrative Code Chapter 7. To appeal means to ask the Department of Human Services to look one more time at the decision you think is wrong.

How to Appeal. You must appeal in writing. Mail your appeal to the Appeals Section of the Department of Human Services (DHS) at the address given below. There is no fee or charge for an appeal. Your appeal does not need to be on an appeal form, but if you would like to use a form, the appeal forms may be obtained at your local DHS county office, from **hawk-i** customer service, or from the privacy official in your facility. You can also submit your appeal electronically at www.dhs.state.ia.us/appeals.asp.

Appeals Section, 5th Floor
Iowa Department of Human Services
1305 E Walnut Street
Des Moines IA 50319-0114

Time Limits. To get a hearing, **you must mail your appeal within 30 days** of the date of decision on this form. The DHS Director can approve a late appeal if the Director finds that there is a good reason for the appeal being late. There will be no hearings for appeals filed more than 90 days after the date of the notice.

Granting a Hearing. DHS will determine whether a hearing will be held. If a hearing is held, you will get a letter telling you of the procedure for the hearing. If a hearing is not granted, you will get a letter telling the reason and what steps you can take at that point.

Presenting Your Case. If an appeal hearing is held, you may explain your disagreement or have someone else like a relative or friend explain your disagreement for you. You may be represented by an attorney, but DHS will not pay for the attorney. Your county DHS office has information about legal services available to you that are based on your ability to pay. You may also phone Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, phone 243-1193.

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If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

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Iowa Department of Human Services

Request to End an Authorization

Name of Client	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility

To be completed by the client or the client's personal representative

I request that the authorization I signed to release health care information to

(name of person or organization) ____

dated __________________ be stopped.

I understand that this request to end the authorization cannot apply to any action the Department has already taken on the authorization before this date.

Client or Personal Representative's Signature	Date

Iowa Department of Human Services

Request to Restrict Use or Disclosure of Health Information

Name of Client	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility

To be completed by the client or the client's personal representative

I request that the Department of Human Services restrict the use or disclosure of the following health information.

I understand that the Department is not required to agree to my request, but if it does agree, the information will not be used or disclosed except as needed to get emergency treatment for me.

I understand that if my request involves issues about payment for my health care, the Department will need to know how payment for services will be made before it will agree to my request.

I would like use and disclosure of the following health information to be restricted: ______________

____

____

I want this information restricted because: ______________________________

____

Check the box that tells how you want this information to be restricted and complete the blank:

☐ I do not want this information to be given to the following persons or agencies: ______________

____

____

☐ Other restrictions requested: ______________________________

____

____

Client or Personal Representative's Signature	Date

To be completed by Security and Privacy Office	
☐ Request is granted. Should the Department need to end these restrictions, you will be given written notice. ☐ Request is denied. Reason for denial: ____________________	
Manual and Rule Reference:	
Security and Privacy Office Signature	Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is DHS policy to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us.