



Dependent Adult Abuse Outcome Notification

Date: _____

Registry Number: _____

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

┌

└

┌

└

Protective Service Worker
Protective Services Unit Address
Protective Services Supervisor
Telephone

You have received this notification about an adult protective evaluation or assessment's outcome because:

This evaluation or assessment concerns:

Name of Alleged Victim:

Name of Person Alleged to be Responsible for the Abuse:

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

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

****Please review the back of this document for guidance on how to request a physical copy of the report, applicable Iowa Code references and guidance on how to appeal a report****

Access to Dependent Adult Abuse Information: If you have received an outcome notice pertaining to this dependent adult abuse report, you have the ability to request a full copy of the completed evaluation/assessment. Please complete the section below and return it to the following address:

Name of Requester:		Date of Request:
Phone Number(s):	Email:	
Mailing Address:		
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 HHS 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.

Redissemination: A person who receives dependent adult abuse information shall not give that information to another person, unless permitted by law. If you provide dependent adult abuse information to another person, as allowed by law, you must 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 §235B.8)

Effect of a Founded Dependent Adult Abuse Evaluation Report: Placement of your name on the Central Abuse Registry may affect or limit your current or future employment or academic opportunities in fields such as childcare, health care, and residential care. The Central Abuse Registry does not automatically notify your employer or academic program regarding the findings of this assessment; however, is provided upon the request of a background check. (Iowa Code §235B.6(2)(b)(2)). However, you may be required by your employer's policies to self-report if your name has been placed on the Central Abuse Registry. You are responsible for making the decision to inform your employer. A founded Dependent Adult Abuse record is not a criminal conviction.

Criminal Penalties: Any person who willfully requests, obtains, or seeks 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 §235B.12)

Requests for Correction, Expungement, or Appeal of a Dependent Adult Abuse Report: If you are a person identified in §235B.10(1) of a dependent adult abuse report and you believe the conclusion or any part of the report is in error, you may request correction, expungement, or appeal that report. If your employment or academic program requires a background check of the Dependent Adult Abuse Registry, you should note this in your request for correction to ensure a prompt hearing. To make a request, please send a **written and signed** statement explaining why you disagree with the report to:

Department of Health and 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 §235B.10)