



Iowa Department of Health and Human Services
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
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 Section 235B.8)

EFFECT OF A FOUNDED DEPENDENT ADULT ABUSE EVALUATION REPORT: If it is determined you are responsible for the abuse of a dependent adult, you may be prohibited from providing care for children or 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))

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)

REQUESTS FOR CORRECTION, EXPUNGEMENT, OR APPEAL OF A DEPENDENT ADULT ABUSE REPORT: If you are any 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. 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 Section 235B.10)