

Click or tap to enter a date.

**RE: Release of Medical Records**

Dear \_\_\_\_\_,

Medical providers (which meet the definition of a “covered entity” under HIPAA) concerned about disclosing protected health information about their patients should be informed that HIPAA allows for this type of disclosure and Iowa law requires it.

You are authorized to provide “protected health information” under 45 CFR 164.512 which indicates you **“may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective service agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.”** The 45 CFR 164.512 section of HIPAA sets out the uses of disclosure of protected health information for which an authorization or opportunity to agree or object is **not** required. The two most applicable in this instance are:

1. Disclosure required by law, and
2. Disclosure to an appropriate government authority authorized by law to receive reports of dependent adult abuse and neglect.

Pursuant to Iowa Code §235B.3(10), all mandatory reporters, whether or not they made the report, are obligated to cooperate and assist with a Dependent Adult Abuse Assessment upon request of the Department.

In addition, Iowa Code §235B.3(11) provides that immunity from civil and criminal liability to a person participating in good faith cooperating or assisting the department in evaluating a case of dependent adult abuse, which might otherwise be incurred or imposed based upon giving the assistance.

To assist with a current dependent adult abuse assessment, I am requesting the medical records with regards to:

**PATIENT’S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Please provide any medical records you may have regarding these individuals, as part of an ongoing dependent adult abuse investigation.

If you need to mail the records, please use the following mailing address: \_\_\_\_\_. If you prefer to email the records, you may send them to: \_\_\_\_\_. If faxing is preferred, my fax number is: \_\_\_\_\_.

\_\_\_\_\_ If you need to make alternative arrangements for providing the records or wish to speak with me directly, I can be reached at: \_\_\_\_\_.

Respectfully requested,

Worker Name  
Adult Protective Worker

470-5698 (08/25)