**SUSPECTED CHILD AND DEPENDENT ADULT ABUSE**

**REPORTING POLICY**

It is my duty, as a mandatory reporter, to immediately report any suspected child and dependent adult abuse to the local Department of Human Services. I will report suspected abuse orally to the local Department of Human Services within 24 hours, followed by a written report to the local Department of Human Services within 48 hours after such oral report. I will also make an oral report to the appropriate law enforcement agency, if I believe that immediate protection of the child or adult is advisable.

Types of Child Abuse include the following: physical abuse, mental injury, sexual abuse, denial of critical care, child prostitution, presence of illegal drugs in the body of a child, manufacture or possession of dangerous substances in the presence of a child, bestiality in the presence of a child, and cohabitation with a registered sex offender. Types of Dependent Adult Abuse include the following: Physical injury to, or which is at variance with the history given of the injury or unreasonable confinement, unreasonable punishment, or assault of a dependent adult; commission of a sexual offense under Iowa Code 709 or section 726.2 with or against a dependent adult; exploitation of a dependent adult which means taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretensions; deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health; deprivation of the minimum food, shelter, clothing, supervision, physical, or mental health care, and other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult; sexual exploitation of a dependent adult who is a resident of a health care facility, as defined in section 135C.1, by a caretaker providing services to or employed by the health care facility, whether within the health care facility or at a location outside of the health care facility.

You or your child’s records cannot be released to any other individual or agency without your written consent. However, certain information about suspected child or dependent adult abuse may be released without your authorization to the Court and to the Guardian Ad Litem when applicable. Certain information about the suspected child or dependent adult abuse may also be released without your authorization under the following legal circumstances: in the event of a legitimate subpoena for a court appearance, in the event of a medical emergency, or for auditing purposes to review records for program effectiveness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

***Hope & Healing Counseling, LLC***

*1200 Valley West Drive, Suite 304-04*

*West Des Moines, IA 50266*

*(515) 421-4367*