

CHAPTER 100  
VITAL RECORDS REGISTRIES AND REPORTS  
[Prior to 12/12/12, see [641] Chs 105 to 107]

**641—100.1(144) Definitions.** For the purpose of this chapter, the definitions in 641—Chapter 95 shall apply. In addition, the following definitions shall apply solely to this chapter:

“*Adult*,” when used in reference to the mutual consent voluntary adoption registry, means an individual who has reached the age of 18 years at the time application is made.

“*Aggregate form*” means a compilation of the information received by the department on the Statistical Report of Termination of Pregnancy form for each item listed, with the exception of the report tracking number, the health care provider code, and any set of data for which the number is so small that the confidentiality of any person to whom the information relates may be compromised.

“*Child*,” when used in reference to the declaration of paternity registry, means a person under 18 years of age for whom paternity has not been established.

“*Court*” means the juvenile court when used in reference to the declaration of paternity registry.

“*Father*” means the male, biological parent of a child when used in reference to the declaration of paternity registry.

“*Registrant*,” when used in reference to the declaration of paternity registry, means a person who has registered and claims to be the father of a child.

“*Registry*” means the declaration of paternity registry or the mutual consent voluntary adoption registry.

“*Sibling*” means one of two or more persons who are born of the same parents or, sometimes, who have at least one parent in common. “*Sibling*” also means brother or sister when used in reference to the mutual consent voluntary adoption registry.

[ARC 0483C, IAB 12/12/12, effective 1/16/13; see Delay note at end of chapter]

**641—100.2(144) Forms—property of department.** All forms, certificates and reports pertaining to the registration of vital events are the property of the department and shall be surrendered to the state registrar upon demand.

**100.2(1)** The forms supplied or approved for reporting vital events shall be used for official purposes as provided for by law, rules and instructions of the state registrar.

**100.2(2)** No forms, except those furnished or approved by the state registrar, shall be used in the reporting of vital events or the making of copies of vital records.

[ARC 0483C, IAB 12/12/12, effective 1/16/13; see Delay note at end of chapter]

**641—100.3(144) Declaration of paternity registry established.** Pursuant to Iowa Code section 144.12A, there is established in the department a registry for the declaration of paternity of a putative father who wishes to register prior to the birth of a child and no later than the date of the filing of the petition for termination of parental rights.

**100.3(1)** The putative father who files a Declaration of Paternity Registry form with the state registrar shall provide the following:

*a.* Registrant’s name, current address, social security number, and notarized signature and date signed;

*b.* The name, last-known address, and social security number, if known, of the mother of the child; and

*c.* The name of the child, if known, and the date and location of the birth of the child, if known.

**100.3(2)** The putative father who files the Declaration of Paternity Registry form shall be responsible to notify the state registrar in writing of any change in address.

**100.3(3)** The state registrar shall forward a copy of the declaration of paternity to the mother as notification that the person has registered, if the mother’s name and address have been provided.

**100.3(4)** There shall be no fee required to file the declaration of paternity.

**100.3(5)** A fee as established pursuant to rule 641—95.6(144) shall be charged and remitted for conducting a search of the registry. The fee shall be retained for the search.

**100.3(6)** Upon written request and remittance of the required fee, the department shall conduct a search of the registry. Written requests may be submitted by only:

- a. The biological mother of the child;
- b. A court;
- c. The department of human services;
- d. The child support recovery unit for an action to establish paternity or support; or
- e. The attorney of any party to an adoption, termination of parental rights, or establishment of paternity or support action.

**100.3(7)** If a declaration of paternity is on file, the department shall provide the name, address, and social security number of a registrant to the following:

- a. The biological mother of the child;
- b. A court;
- c. The department of human services;
- d. The child support recovery unit for an action to establish paternity or support; or
- e. The attorney of any party to an adoption, termination of parental rights, or establishment of paternity or support action.

**100.3(8)** If no declaration of paternity is on file, a written statement to that effect shall be provided to the person making the inquiry.

**100.3(9)** Information from the declaration of paternity registry shall not be divulged to any person other than those listed in subrule 100.3(6) and shall be considered a confidential record as to any other person, except upon order of the court for good cause shown.

**100.3(10)** Information provided to the registry may be revoked by the registrant by the submission of a written statement, signed and acknowledged by the registrant before a notary public.

- a. The statement shall include a declaration that to the best of the registrant's knowledge:
  - (1) The registrant is not the father of the named child; or
  - (2) That paternity of the true father has been established.
- b. Revocation shall nullify the registration, and the information provided by the registrant shall be expunged.
- c. Revocation is effective only following the birth of the child.

**100.3(11)** The Declaration of Paternity Registry form shall be available from the state registrar of vital records or the county registrar.

**100.3(12)** The declaration of paternity registry does not constitute an affidavit of paternity filed pursuant to Iowa Code section 252A.3A. Declarations filed shall be maintained in a registry separate and distinct from the affidavit of paternity registry.

**100.3(13)** A declaration of paternity filed with the registry may be used as evidence of paternity in an action to establish paternity or to determine a support obligation with respect to the putative father.

**100.3(14)** Failure or refusal to file a declaration of paternity shall not be used as evidence to avoid a legally established obligation of financial support for a child.

[ARC 0483C, IAB 12/12/12, effective 1/16/13; see Delay note at end of chapter]

**641—100.4(144) Mutual consent voluntary adoption registry established.** There is established in the department a mutual consent voluntary adoption registry. Adult adopted children, adult siblings, and the biological parents of adult adoptees may register with the mutual consent voluntary adoption registry to obtain identifying birth information.

**100.4(1)** All identifying information maintained in the registry is confidential.

**100.4(2)** All requests shall be completed on the Mutual Consent Voluntary Adoption Registry Application form available from the state registrar of vital records or the county registrar.

**100.4(3)** Pursuant to rule 641—95.6(144), a fee shall be charged and remitted for the filing of a completed application for the registry, and a fee shall be charged and remitted for updating applicant information maintained in the registry.

**100.4(4)** The state registrar shall reveal the identity of the biological parent to the adult adopted child or reveal the identity of the adult adopted child to the biological parent if all the following conditions are met:

- a.* A biological parent has filed a completed request form and provided consent to the revelation of the biological parent's identity to the adult adopted child, upon request of the adult adopted child;
- b.* An adult adopted child has filed a completed request form and provided consent to the revelation of the identity of the adult adopted child to a biological parent, upon request of the biological parent; and
- c.* The state registrar has been provided sufficient information to make the requested match with certainty.

**100.4(5)** The state registrar shall reveal the identity of the adult adopted child to an adult sibling or shall reveal the identity of an adult sibling to the adult adopted child if all of the following conditions are met:

- a.* An adult adopted child has filed a completed request form and provided consent to the revelation of the adult adopted child's identity to an adult sibling;
- b.* The adult sibling has filed a completed request form and provided consent to the revelation of the identity of the adult sibling to the adult adopted child; and
- c.* The state registrar has been provided sufficient information to make the requested match with certainty.

**100.4(6)** If the adult adopted child has a sibling who is a minor and who has also been adopted, the state registrar shall not grant the request of either the adult adopted child or the biological parent to reveal the identities of the parties.

**100.4(7)** A person who has filed a request or provided consent may withdraw the consent at any time prior to the release of any information by submitting a written withdrawal of consent statement with the state registrar.

**100.4(8)** The adult adoptee, adult sibling, and biological parent completing an application shall be responsible for updating the contact information.

**100.4(9)** The state registrar shall notify the parties via telephone, verify the address information, and provide written notice to the parties.

[ARC 0483C, IAB 12/12/12, effective 1/16/13; see Delay note at end of chapter]

**641—100.5(144) Statistical report of termination of pregnancy report.** A health care provider who initially identifies and diagnoses a spontaneous termination of pregnancy or who induces a termination of pregnancy shall file with the department a Statistical Report of Termination of Pregnancy form for each termination.

**100.5(1)** The health care provider shall make a good-faith effort to obtain all of the following information that is available with respect to each termination:

- a.* The confidential health care provider code as assigned by the department.
- b.* The report tracking number.
- c.* The maternal health services region of the Iowa department of public health, as designated as of July 1, 1997, in which the patient resides. If the patient resides in another state, the residence shall be reported as "nonresident."
- d.* The race of the patient.
- e.* The age of the patient.
- f.* The marital status of the patient.
- g.* The educational level of the patient.
- h.* The number of previous pregnancies, live births, and spontaneous or induced terminations of pregnancies.
- i.* The month and year in which the termination occurred.
- j.* The number of weeks since the patient's last menstrual period and a clinical estimate of gestation.
- k.* Whether the termination was spontaneous or induced.
- l.* The method used for an induced termination, including whether mifepristone was used.

**100.5(2)** The health care provider who identifies a spontaneous or induced termination shall prepare the report on the standard form and forward to the state registrar on or before the tenth day of each calendar month all records for the preceding month. Reports may be sent by certified mail to the state registrar. Termination reports shall be submitted within 30 days of the date of the occurrence.

**100.5(3)** The department shall provide the forms, or the provider may use the master copy of the form provided by the department to make copies for reporting.

**100.5(4)** The information shall be collected, reproduced, released, and disclosed in a manner which ensures the anonymity of:

- a. The patient who experiences a termination of pregnancy;
  - b. The health care provider who identifies and diagnoses or induces a termination of pregnancy;
- and
- c. The hospital, clinic, or health facility in which a termination of pregnancy is identified and diagnosed or induced.

**100.5(5)** The department may share information with federal public health officials for the purpose of securing federal funding or conducting public health research. However, in sharing the information, the department shall not relinquish control of the information, and any agreement entered into by the department with federal public health officials to share information shall prohibit the use, reproduction, release, or disclosure of the information by federal public health officials in a manner which violates Iowa Code section 144.29A.

**100.5(6)** The department shall annually publish a demographic summary of the information obtained, except that the department shall not reproduce, release, or disclose any information obtained which reveals the identity of any patient, health care provider, hospital, clinic, or other health facility, and shall ensure anonymity in the following ways:

- a. The department may use information concerning the report tracking number or concerning the identity of a reporting health care provider, hospital, clinic, or other health facility only for the purpose of information collection. The department shall not reproduce, release, or disclose this information for any purpose other than for use in annually publishing the demographic summary.
- b. The department shall enter information from any report of termination submitted within 30 days of receipt of the statistical report of termination of pregnancy and, following entry of the information, shall immediately destroy the report by shredding it. However, entry of the information from a report shall not include any health care provider, hospital, clinic, or other health facility identification information including, but not limited to, the confidential health care provider code, as assigned by the department.
- c. To protect confidentiality, the department shall limit release of information in an aggregate form which prevents identification of any individual patient, health care provider, hospital, clinic, or other health facility.
- d. The department shall establish and use a methodology to provide a statistically verifiable basis for any determination of the aggregate level at which information may be released so that the confidentiality of any person is not comprised. The methodology shall consider both the counts of the events for each item of information and the population that could be represented.

**100.5(7)** Reports, information, and records submitted and maintained are strictly confidential and shall not be released or made public upon subpoena, search warrant, discovery proceedings, or by any other means.

**100.5(8)** The department shall assign a code to any health care provider who may be required to report a termination. An application procedure shall not be required for assignment of a code to a health care provider.

**100.5(9)** A health care provider shall assign a report tracking number which enables the health care provider to access the patient's medical information without identifying the patient. The report tracking number shall be maintained by the provider for a period of six months after the end of the calendar year.

**100.5(10)** To ensure proper performance of the reporting requirements, it is preferred that a health care provider who practices within a hospital, clinic, or other health facility authorize one staff person to fulfill the reporting requirements.

**100.5(11)** Any person who knowingly violates a provision of these rules is guilty of a serious misdemeanor pursuant to Iowa Code section 144.52.

[ARC 0483C, IAB 12/12/12, effective 1/16/13; see Delay note at end of chapter]

These rules are intended to implement Iowa Code sections 144.29A, 144.52 and 252A.3A.

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<sup>1</sup> January 16, 2013, effective date of the rescission of Chapter 100 and the adoption of new Chapter 100 [ARC 0483C] delayed until adjournment of the 2013 General Assembly by the Administrative Rules Review Committee at its meeting held January 8, 2013; delay lifted at the meeting held March 8, 2013.