



DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

Patient's Name _____

DOB _____ Hospital Medical Record No. _____

Patient Label

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

Medical Forensic Exam and Evidence Collection (patient of any age. If patient is unable to provide consent due to age or mental status, consent may be obtained from parent or guardian, please circle.)

Initial one choice ____ I consent to ____ I decline a medical forensic exam and evidence collection. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample. I understand that I will not be directly billed for any outpatient portion of the medical forensic exam. If declined, I understand that I can return to any treatment facility within 7 days of the assault and request that a medical forensic exam and evidence collection be completed.

Photographic Evidence (must be 13 years old or older. If under 13 years old, consent may be obtained from parent or guardian, please circle)

Initial one choice ____ I consent to ____ I decline the collection of photographic evidence. I understand that these photos may include injuries and photos of my genital area. I understand that law enforcement may request photos independent of the medical forensic exam if I choose to report to law enforcement.

Reporting Decision and Evidence Analysis (must be 13 years old or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS) **Choose option A, B, OR C and initial the choice.**

Option A - Patient Report

____ I am choosing to provide information directly to a law enforcement officer. I understand that I may decide how much information I provide and that I may stop the interview at any time.

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my medical forensic exam to be **released** to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).
(PATIENT REPORT AND TEST)

OR

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18.
(PATIENT REPORT AND HOLD)

Option B - Health Care Provider Report

____ I am choosing to **allow health care providers** (HCP) to provide information to law enforcement regarding the sexual assault. I acknowledge that I do not have to speak with law enforcement at this time.

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my sexual assault exam to be **released** to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).
(HCP REPORT AND TEST)

OR

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18.
(HCP REPORT AND HOLD)

Option C - Non-Report

____ At this time I am choosing **NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE** in any investigation. I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, make a report to law enforcement and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18.
(NON-REPORT AND HOLD).

Sign here only if Option A was chosen

Sign here only if Option B was chosen

Initial here only if Option C was chosen

Original to law enforcement case file, copy to hospital medical record, copy to patient.

DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT

