



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: 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.
Initial one choice _____ I consent to _____ I decline a medical forensic exam. I understand I can stop the exam at any time and can decline any portion of the exam. I understand that I will not be charged for any outpatient portion of the medical forensic exam. If declined, I understand that I can return to any facility for medical attention.

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.
Initial one choice _____ I consent to _____ I decline evidence collection. I understand I can stop the exam at any time and can decline collection of any sample. I understand that I will not be charged 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 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 these photos may include injuries and photos of my genital area. I understand law enforcement may request photos independent of the medical forensic exam if I choose to make a report.

Reporting Decision and Evidence Analysis: **Initial one choice only from the 5 options below.**
(must be 13 years old or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS)

Patient Report & Test: Option A Test

___ 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. 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).

Health Care Provider Report & Test: Option B Test

___ I am choosing to **allow health care providers** 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. 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).
 I will call law enforcement
 Law enforcement can call me after _____ day(s)

Patient Report & Hold: Option A Hold

___ 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. 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 10 years or until the 28th birthday of a patient under the age of 18.

Health Care Provider Report & Hold: Option B Hold

___ I am choosing to **allow health care providers** 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. 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 10 years or until the 28th birthday of a patient under the age of 18.
 I will call law enforcement
 Law enforcement can call me after _____ day(s)

Non-Report & Hold: Option C Hold

___ 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 10 years or until the 28th birthday of a patient under the age of 18. (See page 2 mandated reporter clause)

Sign here if patient or health care provider **report** selected

Initial here if **non-report** and hold selected



**Patient Consent: Collect and Test Evidence or Collect and Hold Evidence, Page 2
Contact Information**

Patient Label
DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

If you have consented for testing you can receive information about the status of testing and results of your evidence collection kit by contacting the law enforcement agency listed below:

Law Enforcement Agency _____ Report # _____

Address _____ Phone Number _____

Rape Crisis Center _____ Phone Number _____

Mandated Reporter Clause I understand that pursuant to 20 ILCS 2630/3.2 it is the duty of any physician or nurse to notify the local law enforcement agency of that jurisdiction when it reasonably appears that the person requesting treatment has received any injury sustained in the commission of or as a victim of a criminal offense. **PATIENT TO INITIAL HERE**

Medical Forensic Documentation

I consent to having my medical forensic documentation forms provided to law enforcement. **PATIENT TO INITIAL HERE** _____

Receipt of Information (to be completed by hospital and law enforcement representatives only)

I certify that I have received the following items (check those that apply):

- _____ One sealed evidence collection kit K# _____
- _____ Sealed paper clothing bag(s) (if more than one, please note)
- _____ Pre-void external genital wipe
- _____ Copy of the medical forensic documentation
- _____ Sealed urine specimen
- _____ Other (describe) _____

Evidence Transfer Date _____ Time _____

Signature of law enforcement representative receiving information and/or articles _____

Printed Officer ID# and Rank _____ Agency _____

Signature of hospital representative releasing information and/or articles _____

Printed hospital representative name and title _____

Untested storage period ends _____ (10 years after date of exam or the 28th birthday for a patient under 18. If patient consented to testing, mark N/A)

HOSPITAL STOP HERE

Return to Consent for Evidence Analysis (To be completed at a later time if 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 10 days from today. I understand if the evidence is analyzed, law enforcement will receive the results for the purpose of investigation(s) and Prosecution(s).

I have provided law enforcement with information regarding the sexual assault. 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 from today. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecutions(s)

Patient Signature _____ Date _____

Witness Signature _____ Date _____

Law Enforcement Representative _____ Date _____

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

DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT