



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



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

Patient Label

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Contact Information

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 _____

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 _____

Rape Crisis Center _____ Phone Number _____

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
- _____ Sealed paper clothing bag(s)
(If more than one sealed clothing bag, please note)
- _____ Other (describe) _____
- _____ Copy of the medical forensic documentation form
- _____ Sealed urine specimen

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 _____

Date _____ Time _____ Untested storage period ends _____ (5 years after date of exam or the 23rd birthday for a patient under 18.)

Return to Consent For Evidence Analysis (To be completed at a later time if evidence initially was on HOLD.) Form is to be completed by patient and law enforcement or rape crisis center representative. Provide signed copy to law enforcement agency listed above.

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

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

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