

Sexual Assault Patient Consent and Chain of Custody Form

PATIENTS NOT REPORTING TO LAW ENFORCEMENT, LEAVE THIS BOX BLANK

Patient's Name _____

DOB _____ Hospital Medical Record No. _____

Patient Label Here

PATIENTS NOT REPORTING
LEAVE BLANK

MEDICAL FORENSIC EXAMINATION

A Medical Forensic Examination (MFE) **must be offered to patients who have disclosed acute sexual assault.**

- Patients under the age of 13, acute = sexual assault that has occurred within the past 72 hours
- Patients age 13 and older, acute = sexual assault that has occurred within the past 168 hours

Nothing prohibits a Qualified Medical Provider from offering an examination to a non-acute patient.

Consent and patient assent are **both** required for a MFE. **Any person able to consent** may do so on their own, including minors. If a **minor is unable to consent**, consent may be provided by a parent, guardian, or health care power of attorney (POA).

If an **adult is unable to consent**, consent may be provided by a guardian or health care POA.

MANDATED REPORTING REQUIREMENT

For patients under the age of 18 (minors): (unless legally emancipated by reason of marriage or entry into a branch of the United States armed services) Illinois law requires healthcare professionals to report suspected abuse or neglect to the Department of Children and Family Services (DCFS) under the Abused and Neglected Child Reporting Act (ANCRA).

- Age of consent to sexual activity is 17
- If the offender is in a position of authority, trust or in a caregiver capacity, the age of consent to sexual activity is 18

DCFS is required to immediately refer reports in which a child is the alleged victim of sexual abuse to the local law enforcement agency for consideration of criminal investigation or other action.

For patients age 18 and older (adults):

- Illinois law requires healthcare professionals to report suspected abuse, neglect, or exploitation to the Department of Aging for:
 - Any adult patient age 60 or older who cannot report or seek protection for themselves
 - Any adult patients age 18 to 59 with a disability and who cannot report or seek protection for themselves

LAW ENFORCEMENT NOTIFICATION REQUIREMENT

Illinois law requires healthcare professionals to notify law enforcement when treating any injury sustained as a victim of a criminal offense, including sexual assault. However, a patient is NOT required to speak directly with law enforcement or to participate in an investigation.

PATIENT'S LAW ENFORCEMENT REPORTING CHOICE

I understand that I have choices when it comes to reporting to law enforcement:

- Speak to law enforcement now
- Allow the healthcare professional to share information with law enforcement on my behalf and speak with law enforcement at a later time.
- Not report to law enforcement. **(Note: If the patient is a minor, DCFS will refer to law enforcement even if the patient chooses not to report directly)**

Patient (**if able to consent**) -or- if **not able** to consent: Parent / Guardian / Health Care POA (**please circle role & initial here**)

I am ready and want to talk directly to a law enforcement officer. (Option A)

I want my healthcare professional to share my information with law enforcement. (Option B)

I will call law enforcement when I am ready to talk

Law enforcement can call me after _____ day(s)

I do NOT want to report to law enforcement. (If not reporting, evidence cannot be tested) (Option C)

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CONSENT FOR THE MEDICAL FORENSIC EXAMINATION

I understand that:

- The purpose of the medical forensic examination is to:
 - Check my physical health
 - Provide any needed medical treatment
 - Collect potential evidence, including photo documentation
- It may also include testing for infections, pregnancy, and drugs that were used to aid in the assault.
- I can stop or skip any part of the exam at any time.
- I may be asked questions about what happened, and these questions will help to guide the rest of the exam.
- Photo documentation may be taken, which could include private body parts. I can choose which photos are taken.
- Photos and notes from my exam may be reviewed by another clinician and/or expert.
- The exam is private, but if a judge requires, my photos, notes and results may have to be shared.
- The evidence collected may be used for an investigation.
- Clothes or other items given as evidence will not be returned.
- I was given the Medical Forensic Exam Brochure, and my choices were explained to me.

Patient (if **able** to consent) -or- if **not able** to consent: Parent / Guardian / Health Care POA (please circle role & initial next to choice)

Medical Forensic Exam Yes: _____ No: _____

Evidence Collection Yes: _____ No: _____

Photography Yes: _____ No: _____

CONSENT FOR TESTING OR STORAGE OF EVIDENCE

NA: Evidence not collected

I understand that I can choose to have the collected evidence released to a crime lab for testing.

OR

I can choose to have the collected evidence held in storage.

If choosing to store the evidence, I understand that law enforcement is only required to hold the evidence **for a minimum of 10 years, or until my 28th birthday, if under the age of 18**. I understand that I can change my mind, and choose to make a report to law enforcement, and release the evidence for testing to a crime lab any time prior to the evidence storage period ending.

Patient (if **able** to consent) -or- if **not able** to consent: Parent / Guardian / Health Care POA (please circle role & initial next to choice)

- **Test** evidence (must be 13 years or older to consent to testing) _____
- **Hold** evidence in storage (not testing) _____ Evidence storage period ends on _____

Patient (if **able** to consent) -or- if **not able** to consent: Parent / Guardian / Health Care POA (please circle role & sign, if NOT reporting initial) Date/Time

Healthcare Professional Signature

Print Name

Date/Time

If applicable, Interpreter Name

Interpreter's ID

Date/Time

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

DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT

ISP 6-003 (01/26)

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IMPORTANT CONTACT INFORMATION

If you have questions about the **results of your kit or the status of your investigation**, please contact the law enforcement agency below.

Law Enforcement Agency: _____ Report #: _____

Address: _____ Phone Number: _____

For questions about **your exam or anything related to your care**, you can contact the Rape Crisis Center or healthcare facility below.

Rape Crisis Center: _____ Phone Number: _____

Healthcare Facility Contact: _____ Phone Number: _____

MEDICAL FORENSIC DOCUMENTATION FORMS

NA: Patient Is Not Reporting

Patient (*if able to consent*) -or- if **not able** to consent: Parent / Guardian / Health Care POA (*please circle role & initial next to choice*)

I give permission to provide a copy of my Medical Forensic Documentation to Law Enforcement. Yes: _____ No: _____

Copy of the Medical Forensic Documentation Forms (pages 1-8) given to law enforcement representative in an envelope.
(*Healthcare professional initials*) _____

RECEIPT OF INFORMATION (completed by healthcare professional and law enforcement representative, signed upon collection of kit)

I certify that the following items were given to law enforcement. (*healthcare professional initial all that apply*)

_____ Illinois State Police (ISP) Sexual Assault Evidence Collection Kit

• K# _____

_____ ISP Sexual Assault Patient Consent and Chain of Custody Form

_____ Urine Toxicology Specimen

_____ ISP Toxicology Consent

_____ Pre-void External Genital Wipe (only initial if outside of the kit)

_____ Evidence bags: Total number of bags (_____) Describe each bag's content:

- _____
- _____
- _____
- _____

Evidence transferred from facility on: _____
(Date/Time)

Signature of **receiving** law enforcement representative: _____

Printed Officer ID# and Rank: _____ Agency: _____

Signature of **releasing** healthcare professional: _____

Printed healthcare professional name and title: _____