

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:

- A. Speak to law enforcement now
- B. Allow the healthcare professional to share information with law enforcement on my behalf and speak with law enforcement at a later time.
- C. 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)

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

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ISP 6-003 (01/26)

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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 _____

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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: _____

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