Step 1

Anonymous Kit Consent for Patients 18 Years of Age or Older

Ohio Department of Health Consent For Exam, Photographs, and Release of Evidence

***** Keep consent form with Medical Record*****

PAYMENT/ADVOCACY (Initial both)

_____ I understand that I will **not** be charged for the antibiotics and evidence collection exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.

_____ I understand that I may have a support person or advocate of my choosing with me during all or part of the exam, including the assault history and genital exam.

MEDICAL FORENSIC EXAM/PHOTO DOCUMENTATION

_____ I consent to the medical forensic exam and evidence collection. I understand that I can decline any portion of the exam or any portion of evidence collection process.

_____ I consent to photo documentation which may include my genitals. I understand that I can decline any portion of photo documentation including photo documentation of my genitals.

REPORTING

_____I understand the hospital is legally required to report sexual assaults to law enforcement. The sexual assault evidence collection kit and toxicology samples for drug-facilitated sexual assault will be given to law enforcement and may be tested at a crime lab.

_____I request that my name and other identifying information NOT be released to law enforcement or placed on evidence items at this time. I request that a unique identification number be assigned to the evidence.

_____I understand that my medical records may be subpoenaed by the court for investigative purposes. I may be contacted by the hospital if this happens.

_____I understand that anonymous patients are **not** eligible for Victims of Crime (VOC) compensation which may cover medical expenses, counseling, lost wages, transportation and other incidental expenses not covered by otherwise covered.

_____ _____ _____

Signature of patient Date Time

_____ _____ _____

Signature of witness Date Time