

Anonymous Kit Consent for Patients 18 Years of Age or Older

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

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.

_____ I understand that the support person or a non-licensed crisis worker may be required by Ohio Law to disclose information that is shared during face-to-face crisis intervention during the forensic examination, if this information is required by a court order.

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 understand that law enforcement may not submit the sexual assault evidence kit and toxicology samples to a crime lab for testing and understand that this may jeopardize the integrity of samples or cause spoilage of toxicology samples or sexual assault evidence collection kit.

_____ I understand some law enforcement agencies may only retain the sexual assault evidence kit or toxicology samples for a limited time and after that set time the sexual assault evidence kit or toxicology samples may be destroyed.

_____ 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: _____



Anonymous Forensic Examination Guide – (Form K)

This form is to serve as an informational handout for an anonymous forensic examination that has been conducted in accordance with The Violence Against Women and Department of Justice Reauthorization Act of 2005 (“VAWA 2005”), 42 U.S.C. § 3796gg-4(d). The anonymous forensic examination was conducted by:

SANE of Butler County, Inc.
7182 Liberty Centre Drive, Suite N
West Chester, Ohio 45069
(513) 889-5435

All biological samples that were collected during the sexual assault nurse examination have been identified with an anonymous identification system in accordance with The Violence Against Women and Department of Justice Reauthorization Act of 2005 (“VAWA 2005”), 42 U.S.C. § 3796gg-4(d). The anonymous identification number that has been assigned to your sexual assault kit is:

Jane Doe /Restricted Exam Identification Number

Date of Examination

Location of Examination

Law Enforcement Jurisdiction

Law Enforcement Phone Number

If you Decide to Report:

The samples that were collected during your forensic examination may be stored for a specified period that is determined by the law enforcement entity assuming custody of the sexual assault kit/samples. If you choose to cooperate with law enforcement to pursue criminal charges it is recommended that you take the following steps:

1. Contact the law enforcement entity where the reported assault occurred to inform them that you had an anonymous forensic examination completed. You will be asked to provide your Jane Doe Identification Number at that time along with the date, time and location of the examination.
2. You may also contact SANE of Butler County, Inc at (513) 889-5435 to identify the proper law enforcement entity that assumed custody of your forensic samples. Our organization will assist you in contacting the appropriate law enforcement agency.