



Part A Kit – Sexual Assault Patient Consent Form for Evidence Collection and Release or Storage

ATTACH PATIENT LABEL Or Enter Patient Name: _____

Additional Information Patient Phone: Patient Email: Facility Name:

Instructions: This form is to be used when a sexual assault patient or guardian authorizes the collection of evidence. Please include patient's / guardians' initials on designated lines; complete signatures are required at the bottom of the form.

A mature minor who presents at a hospital emergency department may consent or may choose not to consent, without parental involvement, to a forensic exam, in the course of post-sexual assault care.

This consent form is not meant to describe all components of a sexual assault medical forensic exam. Fully informed consent must be obtained from the patient throughout the exam through ongoing verbal communication between the provider, the patient and the guardian, if any. Save this form in the patient's electronic medical record. A copy may be distributed to the authorizing person (patient and or guardian) and law enforcement, if released.

Consent for Sexual Offense Evidence Collection

I agree to let the provider examine me and collect sexual assault evidence using the New York State Sexual Offense Evidence Collection Kit, Part A. I understand that this may include asking me about my personal and medical history, examining me for possible injuries or other medical issues, and taking samples for evidence. I may also choose to consent to photographs of injuries, if needed. This evidence will be used if I want to report the crime to law enforcement.

I understand that I can say no to any or all parts of this exam and evidence collection at any time. The provider has told me about my rights by giving me a copy of the "New York State Sexual Assault Victim Bill of Rights" and offering to explain it to me.

Please put your initials next to your choice:

Collection of Evidence Yes ____ No ____

Photographs Yes ____ No ____

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Consent for Release or Storage of Sexual Offense Evidence

I can decide to let law enforcement know about my case and to give the information and evidence collected from me to law enforcement. Evidence may include the *New York State Sexual Offense Evidence Collection Kit Part A*, *New York State Sexual Offense Evidence Collection Kit Part B*, photographs, and/or any other personal items collected during the exam. Law enforcement will give my evidence to a forensic lab for testing.

Or, I can decide that I do not want to notify law enforcement or allow my evidence and information collected to be given to them. I have been told that my collected evidence will be kept in secure storage for 20 years. If I do not want my evidence given to law enforcement within the 20-year storage period, it will subsequently be discarded in accordance with state and local laws.

I understand that I may choose to release my evidence to law enforcement at any time until it has been discarded. To release my evidence, I can contact the medical provider that collected it, law enforcement, victim assistance programs, or the secure storage facility. If my evidence is going to be moved, and before it is discarded, someone will make a diligent effort to notify me.

I understand that my clothes and any other personal items collected as evidence will be returned to me if I ask for them.

Please put your initials next to your choice:

Release Evidence to Law Enforcement Yes _____ No _____
(If responding no, evidence will be sent to long-term storage)

Release Photography to Law Enforcement Yes _____ No _____

Release Other Items (specify) _____ Yes _____ No _____

Person authorizing consent is: Patient Patient's Parent Patient's Guardian

Other (specify): _____

Signature of Authorizing Person	Print Name	Date
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Signature of Medical Provider	Print Name	Date
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Signature of Interpreter (if any)	Print Name	Date
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Distribution: Original in patient medical record; Copy to patient;
Copy to law enforcement, if notifying

Do not place consent form in Part A Kit box

Pursuant to New York Executive Order No. 26 "Statewide Language Access Policy," translated versions of this document are available in the designated languages at <https://www.criminaljustice.ny.gov/evidencekit.htm>