CONSENT FORM FOR A "NON-REPORT" TO LAW ENFORCEMENT

Patient's Name: _____ Medical Record Number:_____

Date/Time: _____ Sex Crime Kit Tracking Number: _____

☐ I DO NOT WISH, AT THIS TIME, TO INITIATE OR PARTICIPATE IN ANY INVESTIGATION RELATING TO THIS SEXUAL ASSAULT. Initial_____

I hereby authorize this medical facility_____to collect any forensic evidence found and to examine and treat me for any disease or injury sustained as a result of this assault. I also authorize this hospital to take any and all medical tests that may be necessary or helpful for treatment or for legal evidence and to photograph any injury or abnormality found. Initial_____

I understand that this is not a routine medical examination, but a medical forensic examination. The hospital/medical staff conducting the examination will not be held responsible for identifying, diagnosing, or treating any other existing medical problems that I may have not related to the sexual assault. Initial_____

I herewith release and hold harmless the hospital and its agents from any and all liability and claims of injury whatsoever, which may result from this medical forensic examination. Initial_____

I understand that this waiver authorizes a complete medical forensic examination to be done. Initial_____

I understand that if I have not initiated an investigation within 24 months from the time of collection, the sexual assault evidence collection kit will be moved to "non-active" status. At this point, I can still request that an investigation be initiated. However, the sexual assault evidence collection kit may NOT be available for testing. (Note: the "active" period of 24-months is subject to change and may increase by rules promulgated by the Sexual Assault Forensic Examination (SAFE) Commission and/or WV Code) Initial_____

I understand that the sexual assault evidence collection kit will be cataloged as "active" and held in a secure area at the Marshall University Forensic Science Center. Toxicological evidence contained therein may degrade during this period of time to the point that it would be of no evidentiary value. I understand that I have the right, upon written request (sent to the address below), to have the evidence obtained from the medical forensic examination preserved for an additional period not to exceed 10 years. Initial_____

MUFSC Attn: Non-Report Custodian
1401 Forensic Science Drive
Huntington, WV 25701

Patient's Signature _____ Date_____

Guardian's Signature (If Appropriate) _____ Date_____
Relationship to the Patient: _____

Examiner/SANE's Signature_____ Date _____

IMPORTANT INFORMATION FOR A VICTIM NOT REPORTING TO LAW ENFORCEMENT

Should you decide to report the sexual assault to law enforcement within the 24 month time period, you MUST be able to provide the sexual assault evidence collection kit tracking number noted at the top of this sheet to law enforcement to be able to identify the kit.

Contact the following agencies to assist you:
___Local Law Enforcement Agency OR
___The rape crisis center in your area (contact information can be found at www.fris.org) OR
___The WV Foundation for Rape Information and Services at (304) 366-9500.