

A copy of this form must be placed in the evidence box.

Initials

I understand that I am consenting to a medical-forensic examination in which evidence of sexual assault will be collected by a forensic nurse or other health care provider. I may withdraw consent at any time for any portion of the examination.	
I understand that once an item of evidence has been collected I may not withdraw my consent to the collection of that item.	
I understand that, if my assault is reported to law enforcement, the agencies responding to my report of sexual assault will exchange information in order to facilitate services that best meet my medical-forensic needs.	
I understand that the documentation and collection of evidence may include photographing injuries, including injuries to the genital area, and a forensic evidence collection kit will be used to gather evidence such as biological fluids for DNA testing, my clothing, and any other items.	
I understand that the health care provider will release a copy of the medical-forensic examination report and all forensic evidence, including photographic evidence, to law enforcement for their use. I understand that once this evidence is disclosed it may be re-disclosed as required to facilitate criminal prosecution.	
I understand that health care providers are mandated reporters in regards to children, vulnerable adults, and certain types of injuries. A mandated reporter is required to report to the designated agency whenever medical care is sought for such injuries and is required to report any other information that falls under the mandated reporting statutes.	
I understand that a victim of sexual assault who is over the age of 16 years may not be required to pay, directly or indirectly, for the costs of the forensic portion of the examination. The forensic portion includes all steps necessary to collect evidence for a forensic examination kit or necessary to determine whether a sexual assault has occurred. I understand that any treatment beyond the forensic examination, such as emergency room care, laboratory, testing, medications, etc., is at my own expense.	

I have received and understand the *Notice of Privacy Practices* sheet. _____
Victim's Signature

Note: A. Signature of parent or guardian if victim is an unemancipated minor or mentally incompetent.*
 B. If minor child is presenting, and parent or guardian is not present, a police officer may take immediate action to protect the well-being of the child, who may require immediate medical attention. The police officer shall, at the earliest opportunity, notify the Department of Health and Social Services, Office of Children's Services.

 Victim's Signature

 Victim's Name (Print)

 Witness's Signature

 Witness's Name (Print)

 Date

 Time

am pm

*** AS 25.20.025 provides that minor children may give consent for their own health care under certain circumstances.**

_____ Law Enforcement Signature	_____ Advocate	_____ Examiner's Signature
_____ Law Enforcement Name (Print)	_____ Advocate Agency	_____ Examiner's Name (Print)
_____ Agency	_____ ID#	_____ Agency
_____ Law Enforcement Case Number		

Examiner's Initials: _____