

## **APPENDIX B**

### **Sample Form for Patient Consent/Refusal and Evidentiary Log**

## APPENDIX B

### SAMPLE FORM FOR PATIENT CONSENT/REFUSAL AND EVIDENTIARY LOG

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*S.A.F.E 1) \_\_\_\_\_ Contact No.: \_\_\_\_\_

Examiner(s): 2) \_\_\_\_\_ Contact No.: \_\_\_\_\_

Provider: \_\_\_\_\_ Dept: \_\_\_\_\_ Contact No.: \_\_\_\_\_

(If not a \*S.A.F.E. Examiner)

\*Sexual Assault Forensic Examiner

### PATIENT CONSENT/REFUSAL

I understand that if I consent, an examination for evidence of sexual assault and collection of possible evidence will be conducted. I understand that I may refuse to consent, or I may withdraw consent at any time for any portion of the examination. I understand that the collection of evidence may include photographing injuries, which may include injuries to the genital area. I understand that if I consent, such evidence will be released to the police at this time. If I do not consent to release of evidence at this time, such evidence will be preserved at the Hospital for not less than 30 days and I may consent to its release or destruction at any time during this 30-day period.

I consent to:

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Physical Examination:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Photographing of Injuries:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Collection of Evidence:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Release of Evidence to Police:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Verbal Communication by Hospital Personnel with Prosecutorial Agency: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

### LOG OF ITEMS TAKEN FROM PATIENT FOR EVIDENCE

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_