

FORM APPENDIX C—SEXUAL ASSAULT EXAMINATION KIT

SECTION ONE: "AUTHORIZATION FOR STORAGE OF THE SEXUAL ASSAULT EVIDENCE COLLECTION KIT"

(To be completed by medical provider if patient does not want to cooperate with law enforcement but agrees to the examination.)

Hospital/Clinic: _____ Patient Medical Record No. _____

Health Care Provider must initial **both** sentences:

- The patient has asked to keep the option of completing a forensic medical exam without agreeing to participate in the criminal justice system or cooperate with law enforcement, but agrees to have the completed kit stored at a law enforcement agency.
- The patient understands that in order to participate in the criminal justice system or cooperate with law enforcement, she/he must contact the hospital/clinic, provide the above Patient Medical Record Number, and complete the Authorization for Use or Disclosure of Protected Health Information (Section Two, below) within the applicable statute of limitation.

Medical Provider's Signature _____ Date: _____

SECTION TWO: "AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION"

- If Section Two is completed the patient **MUST** sign this form. The patient has the right to receive a copy of the completed form.

This authorization shall be in force and effect for the statute of limitation or until the completion of all investigations and legal actions related to this matter, including the completion of any appeal or review, or the expiration of the time for filing any such appeal or review.

Hospital/Clinic: _____

Patient Name: _____ Date of Birth: _____
Print Date / Month / Year

DESCRIPTION OF THE INFORMATION TO BE USED OR DISCLOSED:

(The patient must initial the following sentences to indicate understanding of the information which may be used or disclosed and of patient's rights.)

I, _____, authorize the hospital/clinic named and any member of its professional or administrative staff to **use and/or disclose the following** protected health information to: County State's Attorney, Law Enforcement Officials, the Attorney General's Office, the Bureau of Criminal Investigation, the State Crime Laboratory, the Federal Bureau of Investigation, Tribal Law Enforcement Officials investigating this sexual assault, and the domestic violence/sexual assault advocate:

- The results of tests for the presence of sperm and venereal disease, clinical observation and physical evidence, including specimens and blood samples used for examination and laboratory analysis, including history, findings, x-rays, photographs and diagnosis, and any health information related to the examination and treatment, including copies of any of these items or records, as well as clothing or other miscellaneous items collected by the hospital, emergency medical services personnel, or any other health care provider.
- The results of tests for the presence of drugs, legal or illicit, from the urine sample collected. Evidence obtained during the examination may not be used in any criminal charges against the patient according to N.D.C.C. §12.1-34-07.
- I understand that this protected health information may be used or disclosed for criminal investigation of a sexual assault, including any juvenile proceeding, or a proceeding for the civil commitment of a sexual predator.
- I understand that I have the right to revoke this authorization, in writing, at any time by sending a written notification to _____ (hospital/clinic) at _____, ND 58 _____. I understand that revocation is not effective to the extent that the hospital/clinic staff has relied upon the authorization for the use or disclosure of the protected health information.
- I understand that information disclosed under this authorization may be further disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient or Guardian Date: _____

Relationship to Patient

Examination or treatment will not be based upon whether the patient signs the authorization for requested use or disclosure.

WHITE—EVIDENCE BOX

YELLOW—FME REIMBURSEMENT

PINK—SANE FILE

GOLD—LAW ENFORCEMENT