



PATIENT CONSENT FORM PART 1: ANONYMOUS REPORTING & TESTING

Hospital Label – if available FOR HOSPITAL COPY ONLY

Health Care Facility: \_\_\_\_\_
PT DOB: \_\_\_\_\_ Patient Visit Identification No.: \_\_\_\_\_
Date of Exam: \_\_\_\_\_ Law Enforcement Agency Incident No.: \_\_\_\_\_

Do NOT use this form if patient chooses to report to law enforcement and identify themselves.

Reporting Decision and Evidence Testing [ ] Check here if victim is a juvenile

Victims have the right to have a forensic medical examination conducted to collect and preserve evidence of the sexual assault. Victims have the right to consult with a sexual assault counselor from a rape crisis center. Victims are not obligated to report to law enforcement. For evidence to be tested, there must be a report of sexual assault. Victims may elect to 1) report to law enforcement and identify themselves (DO NOT USE THIS FORM), 2) report to law enforcement and stay anonymous (Option A or B below), or 3) not report and not identify themselves (Option C below). If the option to report and stay anonymous is chosen, information regarding the sexual assault will be necessary in order to proceed with the testing.

Choose option A, B, OR C and initial acknowledgements.

Option A – Report & Test

Option B – Report & Hold

Option C – Non-Report & Hold

\_\_\_\_I am choosing to allow health care providers to provide information to law enforcement regarding the sexual assault. I acknowledge that I do not have to speak with law enforcement at this time and my name will not be included on the sexual assault evidence kit that is submitted to law enforcement.
\_\_\_\_I give permission for evidence and information gathered during my sexual assault exam to be released to law enforcement and tested at the forensic lab.
\_\_\_\_I understand the sexual assault evidence and paperwork given to law enforcement will not contain identifying information.
\_\_\_\_I understand for evidence to be tested, it may be necessary to request samples to exclude consensual partners.
\_\_\_\_I understand if the evidence is tested, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).

\_\_\_\_I am choosing to allow health care providers to provide information to law enforcement regarding the sexual assault. I acknowledge that I do not have to speak with law enforcement at this time and my name will not be included on the sexual assault evidence kit that is submitted to law enforcement.
\_\_\_\_I consent only to the collection and storage of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for testing.
\_\_\_\_I understand I can change my mind, release the evidence, and possibly have evidence tested at a forensic lab by contacting law enforcement or a rape crisis center at a later time.
\_\_\_\_I understand law enforcement is required to hold the evidence for the maximum applicable statute of limitations.

\_\_\_\_ At this time, I am choosing NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE in any investigation. I consent only to the collection and storage of evidence at a law enforcement agency.
\_\_\_\_I understand this means the evidence will NOT be submitted to a forensic lab for testing and my name will not be included on the sexual assault evidence kit that is held.
\_\_\_\_I understand I can change my mind, make a report to law enforcement, and possibly have evidence tested at a forensic lab by contacting law enforcement or a rape crisis center at a later time.
\_\_\_\_I understand law enforcement is required to hold the evidence for the maximum applicable statute of limitations.
\_\_\_\_I understand a delay in reporting may jeopardize the collection of evidence from the suspect and crime scene. This may create challenges for the investigation and prosecution of the sexual assault.

Initial here only if choosing Option A Initial here only if choosing Option B Initial here only if choosing Option C

I, (name) \_\_\_\_\_, as witness, assisted the victim in the completion of this form and verify the victim's choice.

Witness Signature: \_\_\_\_\_

Original to law enforcement case file, copy to hospital medical record, copy to patient.

DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT



PATIENT CONSENT FORM PART 2: ANONYMOUS REPORTING & TESTING

Patient Visit Identification No.: \_\_\_\_\_
Law Enforcement Agency Incident No.: \_\_\_\_\_

Contacting Law Enforcement

If you have consented for testing, you can receive information about the status of testing and results of your evidence collection kit by contacting the law enforcement agency listed below:

Law Enforcement Agency: \_\_\_\_\_ Incident Report #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Information (Optional - If Requesting Status of Evidence)

Victims have the right to the disclosure of information related to the status of their sexual assault evidence. Victim notification practices must be established by law enforcement in collaboration with rape crisis centers. In order to be notified, a victim, guardian, or relative must submit contact information to the attorney representing the Commonwealth or to the law enforcement agency having jurisdiction of where the crime took place. If the law enforcement agency or location of the crime is unknown, contact information must be submitted to the Pennsylvania State Police station within the county where the evidence kit was collected. A victim, guardian, or relative must provide notice of a change in address or phone number.

Name of person to contact: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip Code

Preferred Method of Contact

Leave Message?

Cell Phone: \_\_\_\_\_ [ ] Yes [ ] No [ ] Text message only

Landline Phone: \_\_\_\_\_ [ ] Yes [ ] No

Email: \_\_\_\_\_

For Option B and C: This may be completed at a later time if evidence initially was on HOLD.

Form is to be completed by victim and law enforcement or rape crisis center representative. Provide signed copy to law enforcement agency listed above.

I have provided law enforcement with information regarding the sexual assault. I give permission for evidence and information gathered during my medical forensic exam to be tested. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecutions(s).

Victim Signature Date Witness Signature Date

Law Enforcement Representative Date

Original to law enforcement case file, copy to hospital medical record, copy to patient.

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## **Sexual Assault Testing and Evidence Collection Statute Anonymous Reporter Submission Guide Part 1**

### **Background:**

Act 29 of 2019 was signed into law on June 28, 2019. It mandates several improvements to the Sexual Assault Testing and Evidence Collection Act (SATEC) to strengthen the rights and resources available to victims of sexual assault. Changes include the following:

- Improvements to the designated telephone number for health care facilities.
- The establishment of policies for handling sexual assault evidence from victims who wish to remain anonymous, to include submission for testing.
- The handling of sexual assault evidence with unknown jurisdiction.
- Expansion of victim's rights to notification.
- The development of an evidence notification protocol for victims.

### **Anonymous Victim:**

A victim of sexual assault can remain anonymous under the SATEC. This means the victim can have evidence collected and tested without their name or identifying information being attached to the kit, if they choose to report to law enforcement. If they do not choose to report to law enforcement, victims may remain anonymous and their evidence may be held, but their evidence will not be tested. A report to law enforcement is required before evidence can be tested. With anonymous kits, a patient visit identification number will be used on the kit to track its status. The following procedures and form should be used to facilitate the proper handling and documentation required in the event the victim chooses to initially report and/or remain anonymous. The process is intended to be adaptable in the event the victim decides to provide their identity and cooperate more fully with law enforcement.

### **Unknown Jurisdiction:**

A victim of sexual assault may not know or may not wish to divulge the location where the assault occurred. If the location of the crime is unknown and a sexual assault evidence kit is collected, and there are no other existing protocols for local law enforcement to address unknown jurisdiction, the health care facility shall contact the Pennsylvania State Police station within the county where the kit was collected to take possession of the kit.

### **Patient Consent: Anonymous Reporting & Testing Form**

- The Patient Consent Form must be completed by the victim with the assistance of the health care provider and, if possible and at the request of the victim, in consultation with a sexual assault counselor from the rape crisis center. A victim of sexual assault can remain anonymous under the SATEC. This form should NOT be used if the victim chooses to report to law enforcement and identify themselves.

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## Sexual Assault Testing and Evidence Collection Statute Anonymous Reporter Submission Guide Part 2

### Patient Consent: Anonymous Reporting & Testing Form (continued)

- The health care provider who collected the sexual assault evidence must provide the health care facility's Patient Visit Identification Number (or Financial Identification Number) on the Patient Consent Form. The sexual assault evidence kit shall be labeled with the same unique number. The kit should not be labeled with the name of the victim who wishes to remain anonymous.
- The health care provider, in accordance with hospital privacy practices and applicable laws and regulations, will retain the identifying information necessary so that it may be retrieved at a later date and connected to the evidence, if necessary.
- Law enforcement officers who handle sexual assault cases must utilize an incident number generated by their agency. The incident number must be provided on the Patient Consent Form, as there will be no way to locate an anonymous victim at a later date. Officers should not attempt to identify a victim who wishes to remain anonymous.
- If the victim requests testing of the sexual assault evidence, the health care provider must obtain information regarding sexual activity with consensual partners around the time of the assault, if applicable. Documentation of this information should be included in the paperwork provided to the forensic lab (See Pennsylvania Department of Health – Sexual Assault Collection Paperwork at <https://www.health.pa.gov/topics/programs/violence-prevention/Pages/Sexual-Assault-Evidence-Collection.aspx>). Samples from consensual partners may be necessary to exclude them as a contributor to any genetic material identified in the sexual assault evidence.
- Sexual assault kits shall be stored in the manner prescribed in the Sexual Assault Evidence Storage, Preservation, and Management Policy found in the PA Bulletin, and shall be retained for the maximum statute of limitations or until they are tested.
- Victim notification regarding the status of sexual assault evidence shall follow the protocol established by the Pennsylvania Office of the Attorney General. The protocol is available at <https://www.attorneygeneral.gov/victim-notification/>.



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## Sexual Assault Testing and Evidence Collection Statute Anonymous Reporter Submission Guide Part 3

- Victims have three different options on the Patient Consent Form:
  - **Option A** – Victim who wishes to remain anonymous chooses to provide information to a health care provider. The victim gives the health care provider permission to relay the information of the sexual assault to law enforcement. In this scenario, the victim is choosing not to speak directly to law enforcement but gives permission for the sexual assault evidence to be tested by a forensic lab.
  - **Option B** – Victim who wishes to remain anonymous chooses to provide information to a health care provider. The victim gives the health care provider permission to relay the information of the sexual assault to law enforcement. In this scenario, the victim is choosing not to speak directly to law enforcement and consents only to the collection and storage of evidence. The evidence would not be submitted to the forensic lab.
    - In this scenario, an officer would collect the sexual assault evidence from the hospital and store it at an evidence vault. The evidence will not be submitted to the forensic lab.
    - A victim can change their mind at any time by contacting the law enforcement agency handling the investigation or by contacting a rape crisis center.
    - The sexual assault evidence should be retained in accordance with evidence retention and storage policies found in the Pennsylvania Bulletin.
  - **Option C** – Victim chooses not to report to law enforcement or participate in any investigation. Victim consents only to the collection and storage of evidence at a law enforcement agency.
    - In this scenario, an officer would collect the sexual assault evidence from the hospital and store it at an evidence vault. The evidence will not be submitted to the forensic lab.
    - A victim can change their mind at any time by contacting the law enforcement agency handling the investigation or by contacting a rape crisis center.
    - The sexual assault evidence should be retained in accordance with evidence retention and storage policies found in the Pennsylvania Bulletin.