

# COLORADO SEXUAL ASSAULT CONSENT and INFORMATION FORM

Collection, Analysis/Release, and Consent Withdrawal of Sexual Assault Evidence/Information



- **You have the right to have this form explained and all of your questions answered. Please initial and sign where appropriate. You will receive a copy of this form after it is completed.**

Law Enforcement Agency:	Case No:
Officer Name:	Phone No:

## Medical Forensic Exam

- \_\_\_\_\_ **I consent to a medical forensic exam.** I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample.

## Reporting Decision (initial only one)

- \_\_\_\_\_ **I am choosing to make a report to law enforcement.** I give permission for evidence collected and information gathered during my sexual assault exam to be released to law enforcement for use in investigation(s) and potential prosecution(s). I understand the investigating law enforcement agency will be given my name and contact information.

- \_\_\_\_\_ At this time, **I am choosing NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE** in any investigation. I understand I can change my mind and later report to law enforcement. I understand law enforcement may be given my name. I understand law enforcement may choose to investigate but I do not have to participate.

## Evidence Analysis/Release of Results (initial only one)

- \_\_\_\_\_ **I consent for law enforcement to release the collected evidence to a forensic lab for analysis.** I understand law enforcement **may** submit the evidence to a lab no later than 21 days after receiving it. I understand if the evidence is analyzed, law enforcement **will** receive the results for the purposes of investigation(s) and potential prosecution(s).

- \_\_\_\_\_ **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 analysis. I understand I can change my mind, make a report to law enforcement and possibly have the evidence analyzed at a forensic lab. I understand law enforcement is only required to hold the evidence for a minimum of 2 years.

## Withdrawal of Consent for Evidence Analysis/Release of Results (only patients 18 years & older)

- \_\_\_\_\_ **I understand I may withdraw my consent for evidence analysis/release of results** by contacting the law enforcement agency listed on this form. I understand the withdrawal of consent becomes effective when law enforcement verifies my identity, but will not apply to any actions already taken. I understand that once analysis has begun, consent cannot be withdrawn.

Printed Patient Name \_\_\_\_\_ Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Witness Name/Title \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_