VICTIM CONSENT FORM PART 1: ANONYMOUS REPORTING & TESTING

Hospital Label – if available
FOR HOSPITAL COPY ONLY

Health Care Facility: _____ Date of Exam: _____

Patient DOB: _____ Patient Visit Identification No.: _____

Law Enforcement Agency (LEA): _____ LEA Incident No. (optional): _____

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

Victims under the age of 18 CANNOT choose anonymous reporting. Do NOT use this form.

Reporting Decision and Evidence Testing

Victims have the right to have a medical forensic 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 remain anonymous and A) report to law enforcement and have their evidence tested, B) report to law enforcement and have their evidence held, or C) not report to law enforcement and have their evidence held. **Limited or delayed 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.**

Victim may choose Option A, B, OR C and must initial their choice below.

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 and to the **release of evidence and information** gathered during my sexual assault exam to law enforcement for **testing at a forensic lab**. I acknowledge/understand the following: ● I do not have to speak with law enforcement at this time. ● The sexual assault evidence and paperwork given to law enforcement will not contain identifying information. ● It may be necessary to request samples to exclude consensual partners. ● 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 consent only to the **collection and storage** of evidence at a law enforcement agency. I acknowledge/understand the following: ● The evidence will NOT be submitted to a forensic lab for testing. ● I do not have to speak with law enforcement at this time. ● The sexual assault evidence and paperwork given to law enforcement will not contain identifying information. ● 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. ● Law enforcement is required to hold the evidence for the maximum applicable statute of limitations.	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 acknowledge/understand the following: ● The evidence will NOT be submitted to a forensic lab for testing. ● 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. ● Law enforcement is required to hold the evidence for the maximum applicable statute of limitations.
_____ **Initial here only if choosing Option A**	_____ **Initial here only if choosing Option B**	_____ **Initial here only if choosing Option C**

As a witness, I, (name)_____, 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

VICTIM CONSENT FORM PART 2: ANONYMOUS REPORTING & TESTING

Patient Visit Identification 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, or withdraw consent for testing of the evidence collection kit, by contacting the law enforcement agency listed below:

Law Enforcement Agency (LEA): _____ LEA Incident No.: _____

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. 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 over 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 may designate a person, including an entity that provides services to victims of sexual assault, to receive any notice requested. A victim, guardian, or relative must provide notice of a change in address, phone number, or email address.

Name of person/entity 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: _____			

Do not complete this section at time of exam – This may be completed at a later time if evidence initially was on HOLD. Victim may still remain anonymous or choose to identify themselves.

This portion of the 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 / Rape Crisis Center Representative Date

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

DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT

Commonwealth of Pennsylvania

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

Anonymous Victim:

A victim of sexual assault can remain anonymous under the Sexual Assault Testing and Evidence Collection Act (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 in place of the victim's name. 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.

Victim Consent: Anonymous Reporting & Testing Form

- The Victim 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 a rape crisis center. Either of these entities may serve as the 'witness' on this form, as well as any persons over the age of 18. 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.

- Victims have three different options on the Victim 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.

Commonwealth of Pennsylvania

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

Victim Consent: Anonymous Reporting & Testing Form (continued)

- **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 will 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.

- 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 Victim 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.

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

Victim Consent: Anonymous Reporting & Testing Form (continued)

- Law enforcement officers who handle sexual assault cases must utilize an incident number generated by their agency. The incident number shall be filled in on the Victim Consent Form, when available. 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 Pennsylvania Bulletin and shall be retained for the maximum statute of limitations.

- 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/.

Anonymous Reporting Cannot Be Chosen in the Following Circumstances:

- Victims under the age of 18 **cannot** choose the anonymous reporting and testing option. Mandated reporters **must** report suspected sexual assault of a minor to ChildLine and law enforcement. A mandated reporter **must make a report of suspected child abuse or neglect** to ChildLine electronically at Pennsylvania Child Welfare Information Solution or by phone at 1-800-932-0313. Document the ID number of the ChildLine operator you speak with. If a phone report is made, you must complete a CY-47: Report of Suspected Child Abuse form and send it to your county children and youth agency within 48 hours. Check your organization's policy on mandated reporting for any additional requirements.

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Anonymous Reporter Submission Guide Part 4

Anonymous Reporting Cannot Be Chosen in the Following Circumstances (continued):

- The Adult Protective Services (APS) law, also known as Act 70 of 2010, was implemented to protect residents of the Commonwealth between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. Act 70 requires employees and administrators of facilities (that uses public funds in a licensed or unlicensed setting) to report suspected abuse, neglect, exploitation, or abandonment by calling the statewide protective services hotline at 1-800-490-8505. Within 48 hours of making an oral report to the hotline, the administrator or employee must fax a Mandatory Abuse Report to 484-434-1590 or email the report to Liberty Healthcare at: mandatoryron@libertyhealth.com. Additional information can be found at Adult Protective Services.

- The Older Adult Protective Services Act of 1987 (and amended in 1997) protects residents of the Commonwealth 60 years of age and older against physical, emotional, or financial abuse as well as exploitation, neglect, or abandonment. Reporting of abuse is mandatory for employees and administrators in care settings. If you suspect elder abuse, you must immediately call the Pennsylvania Elder Abuse Hotline at 1-800-490-8505 or your local Area Agency on Aging (AAA). If you're not familiar with your local AAA, the hotline is available 24/7 and will connect you to local protective services agencies which will begin investigating the report. This must be followed by a Mandatory Abuse Report within 48 hours to your local AAA office. If sexual abuse is suspected or if serious bodily injury results, a report must be made to the Pennsylvania Department of Aging **and local law enforcement**.