



Part B Kit – Drug Facilitated Sexual Assault
Patient Consent Form for Evidence Collection and Release or Storage

AFFIX PATIENT LABEL
Or Enter Patient Name: _____

Additional Information
Patient Phone: Patient Email:
Facility Name:

Instructions: This form is to be used when a sexual assault patient or guardian authorizes the collection of sexual assault evidence and there is suspicion of a drug facilitated sexual assault.

A mature minor who presents at a hospital emergency department may consent or may choose not to consent, without parental involvement, to a forensic exam, in the course of post-sexual assault care.

This consent form is not meant to describe all components of a sexual assault medical forensic exam. Fully informed consent must be obtained from the patient throughout the exam through ongoing verbal communication between the provider, the patient and the guardian, if any.

Consent for Drug Facilitated Sexual Offense Evidence Collection

I agree to let the provider collect blood and urine specimens using the New York State Sexual Offense Evidence Collection Kit, Part B. I understand that this is for the purpose of identifying the presence of drugs as a part of a sexual assault exam.

I understand that I can say no to any or all parts of this exam and evidence collection at any time. The provider has told me about my rights by giving me a copy of the "New York State Sexual Assault Victim Bill of Rights" and offering to explain it to me.

Please put your initials next to your choice:

Collection of Blood Yes _____ No _____

Collection of Urine Yes _____ No _____

Consent for Release or Storage of Drug Facilitated Sexual Offense Evidence is included in the Part A Consent for the kit as a whole.

... continue to Page 2

Person authorizing consent is: Patient Patient's Parent Patient's Guardian

Other (specify): _____

Signature of Authorizing Person Print Name Date

Signature of Medical Provider Print Name Date

Signature of Interpreter (if any) Print Name Date

Distribution: Original in patient medical record; Copy to patient

Do not place consent form in Part B Kit box