

# ANONYMOUS Reporting

## Patients Only



### COLORADO SEXUAL ASSAULT ANONYMOUS CONSENT and INFORMATION FORM

(see C.R.S. 12-240-139)

Anonymous reporting is ONLY an option for patients who are 18 to 69 years old, and **NOT** intellectually or developmentally disabled. Mandatory reporting laws prevent minors under 18 and adults 70 years and older from anonymously reporting a sexual assault.

- **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 #: Unique identifier # (if different than LE case #):
Officer Name:	Phone #:

#### Medical Forensic Exam Consent

▶ _____	<b>I consent to a medical forensic exam.</b> I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample.
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#### Reporting Decision Consent (both must be initialed by patient)

▶ _____	<b>At this time, I am choosing to make an anonymous report.</b> I understand I will have evidence collected that will be stored anonymously at a law enforcement agency. I understand that law enforcement will not be given my name or other identifying information. I understand I can change my mind and later report to law enforcement by providing the unique identifying number given to me.
▶ _____	I understand that the evidence will <b>NOT</b> be submitted to a forensic lab for analysis. I understand I can change my mind, make a report to law enforcement and have the evidence analyzed at a forensic lab, but must provide my name and contact information to law enforcement. I understand that evidence collected must be maintained until the suspect may no longer be prosecuted for the crime.

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

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

White Copy – Enclose with Kit    Pink Copy – Medical Records    Gold Copy – Patient