COLORADO SEXUAL ASSAULT CONSENT and INFORMATION FORM (see C.R.S. 12-240-139)

▶ 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 #:
Officer Name:	Phone #:

Medical Forensic Exam Consent

▶_____	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 Consent

(Select One Option Only: **A** OR **B**)

Option A (Law Enforcement Option) Initial below		**Option B (Medical Reporting Option)** Initial below	
▶_____	**I am choosing to make a report to law enforcement.** I give permission for evidence collected during my sexual assault exam to be provided 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 the medical reporting option. Therefore, I am choosing not to participate in a law enforcement investigation.** I understand law enforcement will be given my name and I also understand that I can change my mind and later choose to have law enforcement conduct an investigation. (For ages 18-69 only)

Evidence Kit Consent

(Select One Option Only: **1** OR **2**)

Option 1 (Evidence Kit testing) Initial below		**Option 2 (Evidence Kit storage)** Initial below	
▶_____	**I am also consenting for law enforcement to send 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, per Colorado law. I understand the evidence will be analyzed and law enforcement will receive the forensic results for the purposes of investigation(s) and potential prosecution(s) OR to maintain a record of the results.	▶_____	**I DO NOT consent to have my evidence tested by a forensic lab. I understand that the evidence will only be stored at a law enforcement agency.** I understand I can change my mind, make a report to law enforcement and have the evidence analyzed at a forensic lab (For ages 18-69 only).

Withdrawal of Consent for Evidence Analysis/ Provision of Forensic Results to Law Enforcement

▶_____	**I understand I may withdraw my consent for evidence analysis/provision of forensic results to law enforcement** 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. (For ages 18-69 only)

Notification to patient: Evidence collected must be maintained until the suspect may no longer be prosecuted for the crime. You may contact the law enforcement agency to request notification 60 days prior to the destruction of this evidence.

Printed Patient Name | Patient Signature | Date

Printed Witness Name/Title | Witness Signature | Date

White Copy – Enclose in Kit | Yellow Copy - Law Enforcement (outside kit) | Pink Copy – Medical Records | Gold Copy – Patient