

STEP 1

PATIENT CONSENT FOR EXAM and FREPP BILLING

Confidential Document

Patient Identification Label

A. GENERAL INFORMATION (PRINT CLEARLY)

Sexual Assault Evidence Kit Number:

1. Name of Patient

2. Address

☐ Unhoused

CityStateZip CodeTelephone or other contact method

3. AgeDOBGenderSex Assigned at Birth, if differentEthnicityDate/Time of Arrival

B. REPORTING

Jurisdiction

☐ FREPP*

☐ Law Enforcement Agency

Name of Responding OfficerAgencyID NumberTelephoneCase#

C. PATIENT INFORMATION

Health care professionals are required by law to report to the proper authorities cases in which medical care is sought for gunshot or stab wound injuries (37-2-302, MCA). Medical personnel are also required to report cases involving child abuse (under age 18), elder abuse (over age 60) and abuse of the developmentally disabled (41-3-201 and 52-3-811, MCA).

Medical information contained in this report is confidential and protected under state law. However, patient information, without patient authorization, may be released upon court order; may be released to a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured by the possible criminal act of another (50-16-530(4) and 50-16-525, MCA) and as required when necessary to implement or enforce state statutes or local health rules concerning the prevention or control of reportable diseases (50-1-202, MCA).

Victims of crime are eligible to submit crime victim compensation claims to the Office of Crime Victim Services for out-of-pocket medical expenses and psychological counseling. In order to be eligible for compensation, a crime must be reported to law enforcement within 72 hours of occurrence or show good cause why it was not reported in that time frame; the time for filing a claim may be extended for good cause shown.

D. PATIENT CONSENT

A medical forensic examination can, with your consent, be conducted to collect evidence of a sex crime. This typically occurs within 120 hours of the assault. The exam may include the following procedures: Obtain pertinent patient/assault history; Perform physical exam; Administer appropriate medical treatment; Screen for pregnancy and sexually transmitted infections and/or administer medications for pregnancy and STI prophylaxis, if appropriate; Collect evidence including, but not limited to, clothing; fingernail, stain, vaginal, rectal, and reference DNA sample swabs; debris; blood/urine specimens for drug/alcohol testing (toxicology), if indicated, and photographs of physical injuries, which may include genital area; Release evidence collected and information obtained to law enforcement or the Forensic Rape Examination Payment Program (FREPP) at the Montana Department of Justice Office of Victim Services, if the case is not reported to law enforcement.

Please check a box below:

☐ I request to report this sexual assault to the law enforcement agency that has jurisdiction of where the assault occurred and have forensic evidence collected. I understand that the law enforcement agency shall send my Sexual Assault Evidence Kit to the Montana State Crime Lab within 30 days

☐ I do not want to report this sexual assault at this time to any law enforcement agency, but I request to have forensic evidence collected. I understand that my Sexual Assault Evidence Kit will be sent to the FREPP program within the Montana Department of Justice Office of Victim Services and that any toxicology samples collected will be submitted for testing because these samples can deteriorate quickly. My Sexual Assault Evidence Kit and toxicology results will remain in the FREPP program until I file a report with a law enforcement agency or contact the Office of Victim Services. FREPP preserves sexual assault evidence kits for seventy-five (75) years. The statute of limitations or time to commence a prosecution is different than the 75 years the sexual assault evidence kit will be preserved. I request the medical facility that conducted the exam bill FREPP for the cost of the exam and authorize the facility to release any information necessary to FREPP to complete the billing process.

☐ I do not want to report this sexual assault at this time. I decline any forensic evidence collection. I only request to be evaluated by a medical provider.

☐ I do not want to report this sexual assault at this time. I decline any forensic evidence collection and evaluation by a medical provider at this time.

Patient Request:

☐ I request that an advocate be contacted on my behalf. Name of advocate, if present:

☐ Other request (specify):

If I choose to report to law enforcement, I authorize the agents of the above named medical facility to release the medical report and evidence collected to the appropriate law enforcement agency. I understand that this is not a routine medical checkup, and that the clinician doing the exam will not be held responsible for identifying, diagnosing, or treating any existing medical problems. I hereby waive all medical privilege in connection with the examination, treatment, and evidence found. I expressly authorize the use of such information/evidence in any subsequent criminal proceedings against the assailant(s). I also consent to the review of the medical/forensic evaluation by a multidisciplinary team for the purpose of coordinating the investigation and interventions. The multidisciplinary team may include professionals from many disciplines including law enforcement, prosecution, child protection, mental health/advocacy and health care. I understand that while I am not responsible for the cost of the collection of evidence, I may still be responsible for the cost of other treatments received during the visit.

Signature of Patient (or Guardian-Relationship)Date

Clinician SignatureDate

MEDICAL FACILITY: Place original (white) set of completed forms in the envelope on the underside of the kit for law enforcement; place the yellow set or a copy of the originals inside the kit for the crime lab. Scan or retain a copy of the originals for your medical facility.
*IF THE KIT IS MAILED TO FREPP, place an additional copy of the STEP 1 consent form only in the shipping package with the kit.