CONSENT FOR SEXUAL ASSAULT ADVOCATE

Forensic Department

A sexual assault advocate was not available at the time of your visit, but they would like to make contact with you and provide follow-up services for you.

With your permission, we will provide them your name, phone number and address.

_____ Yes, the advocate can make contact with me.

_____ No, I'm declining this service.

_____ _____

Patient Signature Date

_____ _____

Forensic Nurse Signature Date