



**O. Authorization for Release to Law Enforcement or Storage Without Release to Law Enforcement**

**INFORMATION ABOUT RELEASE FOR PATIENTS** (Health provider review with patient)

- You do not have to sign this release and you are not required to release the evidence collection kit, information, or other items listed below.
- You have the right to revoke this release at any time, provided you do so in writing to the health provider listed below. However, once the evidence collection kit, information, or other items listed below have been transferred to law enforcement, the health provider can no longer get them back.
- If you decide to release the evidence collection kit and information listed below, it can be reviewed by the law enforcement agency, the prosecuting attorney, the Michigan State Police Forensic Laboratory, or other accredited laboratory. These organizations are not health care providers covered by federal health privacy laws and are governed by other laws.
- If you decide not to release the evidence collection kit, the health provider is required to store the evidence collection kit for a minimum of one year. However, under very rare circumstances the health provider may be required by law to release the evidence collection kit to law enforcement without your permission (for example, in response to a court order).
- You may ask the health provider to inspect or receive a copy of any records disclosed under this authorization.

**COMPLETE AND INITIAL CHOICE A OR B**

**A**  **PATIENT WISHES TO RELEASE THE EVIDENCE COLLECTION KIT AND SELECTED ITEMS** \_\_\_\_\_  
(Patient Initials)

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Name of Patient) (Name of Health Provider Completing Exam)

to disclose and release the following items noted below with my initials for the purposes of criminal investigation and to assist in the prosecution of the person or persons responsible for the crime. This authorization expires one year after the date of release. Items released to the below recipients during that one year period can be used until the final adjudication of the criminal case.

**I authorize the release of the following information and items: (patient initial each)**

\_\_\_\_ Evidence collection kit contents  
\_\_\_\_ Urine and/or blood for toxicology  
\_\_\_\_ Photographs  
\_\_\_\_ Clothing/Other \_\_\_\_\_

**Recipients of my health and medical information and items:**

- Law Enforcement Agency (*name of agency if known*): \_\_\_\_\_
- Prosecuting Attorney's Office for County of (*name of county if known*): \_\_\_\_\_
- Michigan State Police Forensic Laboratories or Other Appropriate Accredited Laboratory

**OR**

**B**  **PATIENT DOES NOT WISH TO RELEASE THE EVIDENCE COLLECTION KIT AT THIS TIME** \_\_\_\_\_  
(Patient Initials)

- The evidence collection kit will be stored until (*date-minimum of one year*): \_\_\_\_\_
- If you decide to release the evidence collection kit prior to the above date, you should contact (instructions for contacting Provider): \_\_\_\_\_

**SIGNATURE**

The signature below documents my intent to release or not to release the information and items listed in sections A or B above.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (*if required*) \_\_\_\_\_ Relationship \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_