

DEPARTMENT OF CORRECTIONS  
Medical and Mental Health Services

**Sexual Victimization Reporting Consent Form**

Pursuant to PREA standard 115.81(e) Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did NOT occur in an institutional setting, unless the inmate is under the age of 18.

I, \_\_\_\_\_, No. \_\_\_\_\_, hereby voluntarily give consent to the reporting and disclosure of previous incidences of sexual assault, abuse or harassment that occurred outside an institutional or correctional setting.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Institution and Address.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Number

\_\_\_\_\_  
Institution