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