



**CONSENT for AmIOK Assessment**

I understand that a confidential AmIOK assessment can, with my consent, be conducted by a SANE trained Advanced Practice Nurse (APN) examiner to provide treatment and/or information. AmIOK can offer you the following:

- I. Medical assessment. This is NOT a forensic evaluation to preserve potential evidence of the assault and any physical exam may tamper with evidence needed for a legal case. All of this assessment is confidential unless falling outside the described parameters below.
- II. Information and options for potential next steps; to include legal referrals, medical, counseling, and any/all follow up aftercare options.
- III. If you were a victim of a crime within the last 3-5 days, you have the option for a volunteer to accompany you to the hospital for any emergency medical care and/or a forensic evaluation. All volunteer and professional staff involved in your care will maintain your privacy and confidentiality at all times.
- IV. I understand that all licensed healthcare professionals are required under state law to report harm to self or others. This includes suicide, homicide, and threats of lethal self-injury. This also includes instances where you are unable to contract for safety or are mentally unable to care for yourself due to injury, impairment, or psychosis.
- V. I understand that all licensed healthcare professionals are required under state law to report suspected child abuse, sexual assault, and neglect for minors under the age of 18 years old, as well as elder abuse and neglect.
- VI. I understand that healthcare professionals are legally required to report assault when a deadly weapon is involved, or there is serious bodily harm, which can impact confidentiality. The nurse would not need to disclose specific identifying information of the victim, but would need to report the perpetrator location, weapon, and other information to the police
- VII. Non-identifying information will be used for reporting purposes to maintain our ability to provide the AmIOK program at TCNJ. We hold your privacy and confidentiality to the utmost highest standard and will not include any identifying information.
- VIII. I understand that I may withdraw my consent at any time for any portion of the assessment.

I give permission for SANE trained Advanced Practice Nurse and treatment providers of AmIOK to perform an assessment and provide me with information regarding my options.

I certify that I have read, understand, and agree to the conditions described above.

**Signature of Patient or Legal Representative:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
If signed by legal representative, relationship to patient: \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **DATE:** \_\_\_\_\_