



MISSOURI DEPARTMENT OF PUBLIC SAFETY
SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROGRAM

- Appropriate medical providers are required to bill the Department of Public Safety (DPS) for reasonable charges incurred in collecting evidence during the forensic examination of the sexual assault victim.
- The Sexual Assault Forensic Examination Program Report is a one-page document that has been created to combine the consent for the exam, the release of information and the billing for a forensic exam.
- The Sexual Assault Forensic Exam Checklist was developed by forensic examination experts to provide guidelines for a standardized, quality forensic exam. The checklist is also a guide to determine the level of care provided to sexual assault victims. Check all items as they apply to the level of care provided during the sexual assault forensic examination.
- The Sexual Assault Forensic Examination Program Report as well as the Sexual Assault Forensic Exam Checklist (check all of the appropriate boxes for services provided) should be completed and mailed with an itemized bill (including CPT codes if available) to:

Missouri Department of Public Safety
Sexual Assault Forensic Examination Program
P.O. Box 1589
Jefferson City, MO 65102-1589

Note: Please include the provider's remittance address on the report. All claims must be submitted for payment within 90 days of the date of the exam.

- The DPS shall make payments to appropriate medical providers to cover the charges of the forensic examination of persons who may be victims of a sexual offense. **The victim is not to be billed for any sexual assault forensic examination charges.** All other medical charges should be billed to the victim or their insurance carrier.
- There are two other victim assistance organizations that may be useful to your patient/client:

Missouri Coalition Against Domestic and Sexual Violence (MCADSV) can refer clients to the nearest sexual assault service provider for additional support.

Phone: (573) 634-4161

Website: <http://www.mocadsv.org>

Missouri Crime Victims' Compensation (CVC) may reimburse persons who have suffered injuries and financial loss due to certain crimes of violence.

Phone: (573) 526-6006

Website: <http://www.dps.mo.gov/dir/programs/cvc>

- If you need additional information about the Sexual Assault Forensic Examination (SAFE) Program, please contact the Department of Public Safety at (573) 526-6006.



MISSOURI DEPARTMENT OF PUBLIC SAFETY
SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROGRAM REPORT

EXAMINATION AND INCIDENT INFORMATION

DATE OF EXAMINATION	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	COUNTY WHERE INCIDENT OCCURRED	DATE OF INCIDENT
<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		IF EMERGENCY, PLEASE EXPLAIN	
EVALUATION FOR SUSPECTED ABUSE <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Other:		HUMAN TRAFFICKING <input type="checkbox"/> Yes <input type="checkbox"/> No	HATE CRIME <input type="checkbox"/> Yes <input type="checkbox"/> No
ALLEGED ABUSER NAME		SPOUSE/PARTNER <input type="checkbox"/> Yes <input type="checkbox"/> No	DATING RELATIONSHIP <input type="checkbox"/> Yes <input type="checkbox"/> No

AGENCY/PERSON REFERRING VICTIM FOR EXAM (CHECK ALL THAT APPLY)

<input type="checkbox"/> Victim <input type="checkbox"/> Parent or Guardian	REFERRING AGENCY OR PERSON NAME	PHONE NUMBER
<input type="checkbox"/> Children's Division <input type="checkbox"/> Law Enforcement	ADDRESS	
<input type="checkbox"/> Health Care <input type="checkbox"/> Other _____		

VICTIM INFORMATION

VICTIM NAME	RESIDENCE STATE	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender
RACE <input type="checkbox"/> MULTIPLE RACES <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> HISPANIC/LATINO				

AUTHORIZATION FOR EXAMINATION REQUESTED BY VICTIM/PARENT/GUARDIAN

Parental consent for a sexual assault forensic exam is not required in cases of known or suspected child abuse. I hereby request a forensic examination for evaluation of sexual assault. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area. I understand that hospitals and physicians are required by law to notify the Children's Division of known or suspected child abuse. If child abuse is found or suspected, this form and any evidence will be released to the Children's Division, the Juvenile Justice Office, Law Enforcement and/or the Prosecuting Attorney. This form will be submitted to the Department of Public Safety for billing purposes.

SIGNATURE OF (CHECK ONE) <input type="checkbox"/> Victim <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	SIGNATURE	DATE
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AUTHORIZATION FOR FORENSIC EXAMINATION – REQUESTING AGENCY

I request a forensic examination and collection of evidence for suspected sexual abuse:

AGENCY	SIGNATURE	DATE
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EXAMINING PROVIDER: I verify that a sexual assault forensic examination has been completed for this victim.

FACILITY NAME	FACILITY ADDRESS	COUNTY OF FACILITY
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EXAMINING MEDICAL PROVIDER NAME AND TITLE	REVIEWER NAME AND TITLE
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FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER	FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER
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SIGNATURE OF EXAMINING MEDICAL PROVIDER	DATE	SIGNATURE OF REVIEWER (IF APPLICABLE)	DATE
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FOR CHILDREN'S DIVISION USE ONLY

INCIDENT NUMBER	REPORT DATE	CONCLUSION
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BILLING INSTRUCTIONS

The Department of Public Safety (DPS) is the first payer for all sexual assault forensic examination charges. **Medical providers shall not bill victims for the sexual assault forensic examination.** The DPS will only pay for the forensic exam, not the medical treatment, of sexual assault victims. All other medical charges should be billed to the victim or their insurance carrier. All claims must be submitted for payment within 90 days of the date of the exam. **For payments, submit an itemized invoice (including CPT codes if available), the completed checklist and this form to:**

**Missouri Department of Public Safety
Sexual Assault Forensic Examination Program
PO Box 1589
Jefferson City, MO 65102-1589**

NAME AND TITLE OF PERSON COMPLETING THE BILLING INFORMATION	PHONE
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REMIT TO ADDRESS

**MISSOURI DEPARTMENT OF PUBLIC SAFETY (DPS)
SEXUAL ASSAULT FORENSIC EXAMINATION CHECKLIST**

Check all items as provided during the sexual assault forensic exam.

- Utilized appropriate evidence collection kit (Kansas City, St. Louis or Highway Patrol Lab)
 - Completed screening exam for Emergency Medical Condition
 - Activated bedside advocacy
 - Activated interpreter
 - Interventions for disabilities
 - Obtained history of assault (including narrative)
 - Obtained history of drug facilitated sexual assault (if indicated)
 - Obtained consent for evaluation and treatment
 - Obtained consent for evidentiary SAFE exam
 - Obtained consent for photography
 - Obtained consent for drug screening (if drug facilitated assault indicated)
 - Obtained consent for release of information to all appropriate agencies
 - Obtained consent for law enforcement activation (per patient request)
 - Collected urine for drug facilitated sexual assault
 - Collected underwear worn during or immediately after the assault
 - Collected clothing, as forensically indicated, in brown paper bags, sealed and labeled
 - Obtained swabs & smears from all areas that victim states were bitten or licked
 - Obtained swabs & smears from appropriate areas as identified using an alternative light source
 - Collected blood standard (if forensically indicated)
 - Utilized crime scene investigators for bite mark impressions (if forensically indicated)
 - Collected oral swab for DNA Standard (if forensically indicated)
 - Collected oral swabs & smear (if orally assaulted)
 - Collected anal swabs & smear (if forensically indicated)
 - Collected vaginal swabs & smear (if forensically indicated)
 - Collected cervical swabs & smear (if forensically indicated)
 - Collected penile swabs & smear (if forensically indicated)
 - Collected head hair standard (if forensically indicated)
 - Collected pubic hair standard (if forensically indicated)
 - Completed toluidine dye exam (if forensically indicated)
 - Completed X-rays (if indicated)
 - Completed CTs (if indicated)
 - Collected unknown sample(s) (if forensically indicated)
- Describe: _____
- Collected fingernail scrapings (if forensically indicated)
 - Photography: (with colposcope or digital)
 - Genital photography by forensic examiner
 - Non-genital photography by forensic examiner
 - Less than 10 photos
 - More than 10 photos
 - Forensic evidence storage/log (as indicated)
 - Completion of DHSS Adult Female Sexual Assault Exam Form, Adult Male Sexual Assault Exam Form, or Child Sexual Assault Exam Form
 - Confidential forensic patient file separate from general hospital medical records
 - Forensic exam conducted by forensically trained physician or healthcare provider such as Sexual Assault Nurse Examiner (SANE)
 - Labs
 - Chlamydia
 - Gonorrhea
 - Pregnancy test
 - Trichomonas
 - Urinalysis
 - Urine Culture
 - Drug Screening
 - Forensic exam and genital exam without colposcope
 - Forensic exam without genital exam

• Federal Violence Against Women Act prohibits mandatory reporting to law enforcement to obtain services.

Resources:

U.S. Department of Justice, National Protocol for Sexual Assault Medical Forensic Examinations (9/04)

Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, American College of Emergency Physicians (6/99)