**Sample Case Review:**

**Confidentiality Rules and Agreements**

**RULES FOR CASE REVIEW:**

* All SART members will sign the Confidentiality Rules and Agreements.
* No written material with case information will leave the meeting room.
* Specific details of individual cases will not be discussed outside the meeting room.
* When cases are reviewed, all identifying information will be removed.
* Documents used in the case review will be returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be shredded following the meeting.

**CONFIDENTIALITY AGREEMENT:**

1. All SART case review information and details of discussions are to be regarded as confidential. As a team member, you are expected to—

* Protect and secure information in your possession.
* Not discuss or share specific information about individual cases or the proceedings of the case review outside of the meeting.
* Return all written case information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after the case review meeting.
* Not photocopy or duplicate case review information.

1. Do not discuss or share with the media (print, radio, television, or online) any information about the SART case review or information discussed during the meeting. Please refer such inquiries to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Refrain from naming individuals (including family members) or sharing anecdotal information about them during the case review meetings.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to adhere to the above request to work cooperatively with other SART members and keep details of case information and discussions strictly confidential.

Signed: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SAMPLE CONFIDENTIAL EVALUATION

We understand that you have been through a traumatic experience. As much as possible, we would like to be of assistance in your time of recovery. In order to do so, please help us by giving your honest evaluation of the program. Tell us what things you see that work well *and* tell us what things are not working so well. Return the form in the envelope provided. You may attach additional paper to the form to fully express your comments.

1. It would help us to know the names of the people who took care of you, but it is not required.

Police Officer/ Detective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advocate/Crisis Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the age of person who was examined? \_\_\_\_\_\_\_
2. Date of your SAFE Exam? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK “YES” OR “NO” FOR THE FOLLOWING QUESTIONS. YOU MAY IDENTIFY THE PERSON FOR ALL "NO" ANSWERS (I.E., EXAMINER, OFFICER, ETC.)**

1. Would you describe the people who took care of you as sensitive and caring? If no, please explain.

**YES or NO**

**a. The Police Department?** \_\_\_\_\_\_\_\_\_\_

**b. The Nurse?** \_\_\_\_\_\_\_\_\_\_

**c. The Forensic Examiner?** \_\_\_\_\_\_\_\_\_\_

**d. The Patient Advocate?** \_\_\_\_\_\_\_\_\_\_

Did they speak in words that you understood? \_\_\_\_\_ \_\_\_\_\_

Did they explain what they were doing and

why it was necessary? \_\_\_\_\_ \_\_\_\_\_

Did they explain all the forms you were asked

to sign? \_\_\_\_\_ \_\_\_\_\_

Did they tell you about the medical exam? \_\_\_\_\_ \_\_\_\_\_

Did they tell you about what resources were

available for medical follow-up, counseling,

and financial assistance? \_\_\_\_\_ \_\_\_\_\_

1. Please explain why you answered "no" to any of the questions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any suggestions you want to make that you feel would make this process better or easier?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Overall, how would you rate your care in the SAFE Program? (please circle)

Excellent Very Good Okay Fair Poor

1. If you are in need of additional help or information, please include your name and phone number and you will be contacted.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Thank you for giving us your feedback.

It is the intention of the program to be helpful and caring to those who use it.

**Program contact information here**

**SAMPLE PATIENT EVALUATION OF SERVICES**

DATE OF EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVOCATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORENSIC NURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAW ENFORCEMENT (NAME/DEPARTMENT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Only one name is necessary to identify all service providers.**

**\*\*\*Patient name will NEVER be put on this form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you called the crisis line personally, was your call returned within 15 minutes? **YES NO**
2. Were you transported to the Facility?

**YES NO**

1. If you met the nurse and advocate at the Forensic Program, did they arrive within an hour from the time of the call to our crisis line? **YES NO N/A**
2. If law enforcement had not been called upon arrival, were you given information on reporting to police and the options available to you regarding the evidence collection kit – for example, reporting, not reporting, unnamed kit? **YES NO N/A**
3. Were the rooms, both lounge and exam room, comfortable? **YES NO**
4. Was the advocate, nurse and, if applicable, law enforcement, easy to work with and sensitive to the situation? If no, please explain? **YES NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How long did it take to complete your exam? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did the advocate give you information on community resources?

**YES NO**

1. Were you advised to seek follow-up with a family physician or another healthcare provider before you left? (This includes follow-up for pregnancy, injury and STIs)

**YES NO**

1. Did the advocate ask to follow up with you in a few days? **YES NO**
2. Was the facility in general (lounge, exam room, bathrooms, and entrance) clean? **YES NO**
3. Overall, how would you rate your experience and treatment in our facility?

(1 being the worst and 10 being the best)

1 2 3 4 5 6 7 8 9 10

1. General comments about the nurse, the advocate or the law enforcement officer you worked with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. General comments about your experience at the Forensic Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Any additional thoughts or comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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