

# Maryland Sexual Assault Forensic Exam & Non-Occupational Post Exposure Prophylaxis (nPEP) Reimbursement Guidance Document



*This project was supported by grant number 2020-WF-AX-0046 awarded by the Office on Violence Against Women, U.S. Department of Justice, and grant number VAWA-2020-0047 awarded by the Governor's Office of Crime Prevention, Youth, and Victim Services. All points of view, opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the official view or position of the U.S. Department of Justice, the Governor's Office of Crime Prevention, Youth, or Victim Services or any State or Federal agency.*

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## Introduction

The [Maryland Governor’s Office of Crime Prevention, Youth, and Victim Services: Sexual Assault Reimbursement Unit \(SARU\)](#) was created to provide reimbursement for the physical examination, collection of evidence, and emergency treatment of individuals for injuries resulting from rape, sexual assault, or child sexual abuse. The SARU aims to prevent individuals and their families from re-victimization and financial burden by easing the reimbursement process associated with medical forensic claims processing. SARU allows survivors and their families to focus on the important task of healing after experiencing trauma.

In collaboration with the Maryland Hospital Association (MHA) and Maryland Coalition Against Sexual Assault (MCASA), the SARU has worked to improve the reimbursement filing process for hospitals and medical providers. This new reimbursement process also ensures the privacy and confidentiality of survivors by eliminating the inclusion of patient narratives describing the sexual assault or sexual abuse and submission of photographs of the survivor.<sup>1</sup>

Hospitals and qualified healthcare providers that provide medical forensic care to survivors of sexual assault, rape, or child sexual abuse can use the following document to assist in the completion of the reimbursement process.

This document provides further guidance to healthcare providers regarding the statutory and regulatory requirements for survivors seeking care.

The SARU is responsible for establishing a reimbursement process and reviewing claims for SAFEs and associated services as outlined in Maryland statute and regulations.<sup>2</sup> These services include emergency hospital treatment, follow-up care related to the rape, sexual assault, or child sexual abuse, and medications such as HIV Prophylaxis (nPEP).<sup>3,4</sup> SARU maintains authority over the reimbursement process and associated forms.

The Sexual Assault Evidence Kit Policy & Funding Committee (SAEK Committee) was established by the Sexual Assault Victim Resources Act of 2017. The SAEK Committee is responsible for developing and disseminating best practices and recommendations regarding: SAEK testing, retention, availability and funding; stakeholder coordination; the shortage of forensic nurses; and victim notification. A subcommittee of this group, Availability of Exams and Shortage of Forensic Nurse Examiners Subcommittee (FNE Subcommittee), developed the following guidance documents for health care providers: “Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process” and “Your Sexual Assault Evidence Kit: Know Your Rights” brochure insert. These documents are only intended to serve as a resource for providers and do not constitute legal advice.

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<sup>1</sup> MD Code Crim. Pro. §11-925(b)(2)(iii).

<sup>2</sup> COMAR 02.08.01 –.04

<sup>3</sup> MD Code Crim. Pro. §11-1007.

<sup>4</sup> MD Code Crim. Pro. §11-1008

## Questions

For questions regarding reimbursement, SAFE Programs may contact SARU at [saru.claims@maryland.gov](mailto:saru.claims@maryland.gov)

For questions regarding statutory and regulatory requirements for healthcare providers and the provision of specific information to survivors, SAFE Programs may contact MCASA at [info@mcasa.org](mailto:info@mcasa.org) or MHA at [mha@mhaonline.org](mailto:mha@mhaonline.org)

## Purpose

The purpose of this guidance document is to provide healthcare providers, including Sexual Assault Forensic Exam Programs, with detailed guidance for the completion of reimbursement forms and assistance in meeting all statutory and regulatory requirements. SAFE Programs may refer to this document when implementing the new reimbursement forms and when developing patient information packets or discharge instructions.

The Maryland Coalition Against Sexual Assault will maintain this document and collaborate with the Governor's Office of Crime Prevention, Youth, and Victim Services and the Maryland Hospital Association and other appropriate parties on a regular basis to ensure updates are incorporated as appropriate.

## Acknowledgments

The Governor's Office of Crime Prevention, Youth, and Victim Services, in collaboration with the Maryland Hospital Association and Maryland Coalition Against Sexual Assault, would like to thank the forensic nurse examiners (FNEs), hospital staff, and FNE Subcommittee members for their work in the development of these forms. Your tireless work and continued efforts to improve survivor access to free SAFEs and associated medical care is greatly appreciated.

## Sexual Assault Reimbursement Unit (SARU) Sexual Assault Forensic Exam (SAFE) Reimbursement Form: Overview

The SARU SAFE Reimbursement Form (SSRF), was developed in 2021 by the SARU, in collaboration with MHA and MCASA, to streamline the process of submitting reimbursement claims. The SSRF replaces the previously used MDH-2923 form, which will no longer be accepted by SARU beginning March 1, 2022. The new process uses a simplified form that uses checkboxes and fill-in the blank sections to reduce paperwork and eliminate the submission of private patient medical files, narratives of the rape, sexual assault, or child sexual abuse, and photographs of the survivor.

This form includes features to streamline the process and eliminate errors through the use of features such as autofill and only requiring sections to be completed based on the services rendered (i.e. initial SAFE vs. follow-up care). If you choose not to complete the forms on a computer, we ask that you double check all questions to ensure answers are consistent and accurate. You will also need to complete the form, in its entirety, regardless of the care the survivor received.

In order to receive reimbursement, hospitals and medical providers should submit the completed form along with an itemized bill and UB-04 CMS-1450 or OMB 0938-1197 1599 form.

For questions about the new form, reimbursement process, or submitted claims, please contact the SARU at [saru.claims@maryland.gov](mailto:saru.claims@maryland.gov).

### IMPORTANT NOTE REGARDING nPEP:

The last page (page 6) of the SSRF, titled “nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form”, should **only** be completed when a patient has received a SAFE **and** is being prescribed nPEP through Terrapin Pharmacy. In this instance, the last page must be completed and faxed to Terrapin Pharmacy at 877-829-1925 or emailed to [meds@terpsrx.com](mailto:meds@terpsrx.com). If you are completing this form on a computer, most of the information for this page will autofill.

If a patient does not qualify for or declines to take nPEP, or is prescribed nPEP through a pharmacy other than Terrapin (i.e. hospital pharmacy, retail pharmacy, or health department), the last page of the SSRF (page 6) does not need to be completed.

## Completing SSRF: Guidance by Section

If completing on a computer, you can navigate to the next section by using the enter key.

Questions that have an autofill feature can be navigated over, however; we recommend confirming that the provided information is correct before moving on.

Drop down boxes are available, however, free text is available for each of these sections should your answer not be included in the dropdown selections.

*Note: Do not use the form provided in Appendix A, this is provided for reference only. For the most up to date computer and printer friendly version, please visit SARU's website at <http://goccp.maryland.gov/victims/saru/>.*

### Healthcare facility:

- Select the name of the healthcare facility where the SAFE is being performed.
  - A dropdown list includes all acute care and specialty hospitals in the state.
  - The field also allows for free text completion if the name of a facility is not listed or the name has changed.
- Provide the name of the healthcare professional conducting the SAFE
  - This field allows for free text
- Facility phone number, facility fax, billing email address
  - These fields allow for free text
  - Please complete the field using appropriate phone and fax numbers should the SARU need to reach a representative regarding a submitted claim
- Appointment Type
  - Indicate the type of appointment by selecting initial examination or follow up care
    - If completing the form on a computer, selecting “follow up care” will remove certain fields that are not required to be completed.
      - The fields will still be visible, but the information is not required for follow up visit reimbursement therefore, text entry will not be available.
    - If you are completing the form by hand, you will need to complete all fields.
- Bill Type
  - Indicate the type of bill by selecting either “facility” or “physician”
- *Note:* Please provide a remittance address if it is different from the facility address.

### Patient Information:

- Patient full name:
  - Enter patient full name by Last, First, and Middle

- *Note:* It is not necessary to space out the last, first, and middle names. If this is desired, use the space bar and not the enter key.
- Patient date of birth (DOB):
  - Please complete in “mm/dd/yy” format
- Patient’s medical record number
- Patient’s age
- Patient race & ethnicity
  - Categories for race and ethnicity are from the US Office of Management and Budget.
  - Both of these categories are dropdown boxes but allows for free text if needed.
- Patient gender:
  - Do not assume the patient’s gender based on appearance.
  - Ask the patient what gender they identify as.
  - Select an option based on the response provided by the patient.
  - *Note:* This field refers to the patient’s gender identity as defined by the Human Rights Campaign as “one’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.”<sup>5</sup>
- Patient’s address:
  - State:
    - Select the state from the dropdown list. Maryland and bordering states are included.
    - The field allows for free text if the patient’s state of residence is not listed.
  - County:
    - All Maryland counties are listed in the dropdown list.
    - The field allows for free text if the patient lives in a county outside the state of Maryland.
  - Zip Code:
    - Enter the relevant zip code
- Patient’s phone number:
  - Enter the patient’s phone number

*Sexually-Based or Sexually Related Crime Information:*

*A sexually-based or sexually related crime includes any rape, sexual assault, or sexual child abuse as outlined in the Maryland Criminal Law Articles 3-303 through 3-308.*

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<sup>5</sup> Human Rights Campaign. Sexual Orientation and Gender Identity Definitions. Available at: <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>

- Date and time of the sexually-based or sexually-related crime:
  - Enter the date (mm/dd/yy) and time of the incident based on the patient’s recollection
  - Inform the patient that if they are not certain of the date or time it is okay, and an estimate will be sufficient.
  - SARU will provide reimbursement for SAFEs provided up to 15-days after an assault.<sup>6</sup>
- Location of sexually-based or sexually-related crime
  - Enter the state, county, and zip code of where the assault took place.
  - A survivor has the right to receive a SAFE at the nearest hospital with a SAFE Program, or the hospital of their choosing, regardless of where the assault took place.<sup>7</sup> Survivors should not be declined medical forensic care, be required to travel to another location for a SAFE, or transported to another location because of where the assault took place assault.<sup>8</sup>
    - A [list of current SAFE Programs](#) can be found on MCASA’s website at [www.mcasa.org](http://www.mcasa.org) under the “Survivors Seeking Help” tab → “Getting Medical Attention”
- Date and time of forensic exam:
  - Enter the date in the following format: “mm/dd/yy”
  - Enter approximate time and indicate AM/PM accordingly
    - Example: 08/19/21 11:30 PM
- Anonymous Exam:
  - Select “Yes” or “No”
  - The option to receive an anonymous exam is available to survivors that do not wish to immediately report the rape or assault to law enforcement but still want a SAFE.<sup>9</sup>
  - Patients that choose this option will not have their identity disclosed to law enforcement and will not be required to speak to law enforcement. There will not be any investigation of the assault, including DNA testing of the sexual assault evidence kit<sup>10</sup>, until the survivor chooses to report.
  - Under the Violence Against Women Act (VAWA),<sup>11</sup> healthcare providers and law enforcement cannot require a survivor to report to law enforcement or engage in the criminal justice system in order to receive a SAFE.

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<sup>6</sup> Md. Code, Crim. Pro. §11-1007.

<sup>7</sup> Md. Code, Crim. Pro. §11-924.

<sup>8</sup> U.S. Department of Justice, Office on Violence Against Women. (2013). National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents. Second Edition.

<sup>9</sup> US Department of Justice, Office on Violence Against Women. (2007). *National Protocol for Sexual assault Medical Forensic Examinations: Adults/Adolescents*. NCJ 228119

<sup>10</sup> MD Code, Crim. Pro. §11-926(e)(3)

<sup>11</sup> 42 U.S.C. §3796gg-4

- Healthcare providers must provide patients that choose to have an anonymous exam with specific information regarding future reporting options and sexual assault evidence kit rights<sup>12</sup>. For more information on this, please see the “Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process” section on pages 18-22.
- Healthcare providers are still required to adhere to mandated reporting obligations.<sup>13</sup>
- Police Department Contacted
  - Hospitals must contact the appropriate police department for the transfer and storage of the sexual assault evidence kit (SAEK).<sup>14</sup>
  - If the patient chooses to have an anonymous exam, the police department is still required to collect the SAEK from the hospital within 30 days and store the SAEK for a minimum of 20 years.
- Officer Name:
  - Additional sections include:
    - Badge number
    - District
    - Phone number
- Police case number, property held number, or other case identifier:
  - If the police department does not provide a case number, property held number, or other case identifier, the hospital may choose to use a unique identification number (i.e. medical record number), as necessary.
  - Law enforcement does not have the ability to authorize (or not authorize) a SAFE or require a survivor to speak to law enforcement prior to the provision of an exam.
  - SARU will not base reimbursement on the inclusion of a law enforcement issued case number, event number, or other case identifier.

*Authorization for Medical Examination, Collection of Evidence, and Release of Information:*

- Healthcare Facility:
  - The healthcare facility name entered on the first page of the form should match the healthcare facility name provided here.
    - If completing the form on a computer, this section will auto-fill to match the selected facility on the first page of the form.
- Qualified Healthcare Professional/Examiner:
  - The name of the healthcare professional conducting the examination should match the name provided on page 1 of the form.

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<sup>12</sup> MD Code, Crim. Pro. §11-926(f)(1)

<sup>13</sup> MD Code, Family Law §5-704; MD Code, Family Law §14-302

<sup>14</sup> MD Code, Crim. Pro. §11-926(d); COMAR 08.08.01.04(A)(2)

- If completing the form on a computer, this section will autofill to match the inputted name on the first page of the form.
- Patient name, signature, and date:
  - The patient should print their full name, provide their signature, and date the document appropriately.

Medical Services:

- Select all applicable medical services rendered.
  - Medical Screening Examination
  - Forensic Exam
  - Radiology
  - Surgical Consult
  - Other
    - Any service(s) provided that is not otherwise accounted for on this form must be indicated here.
      - Examples:
        - Overnight admission for observation
        - Testing not accounted for in any other section
      - If no additional services were rendered, select “None” and input “N/A”

**IMPORTANT: All services must be documented on this form. Services that are not documented will require follow-up documentation and resubmission to SARU.**

Laboratory Services:

- Select all applicable laboratory services rendered. If completing the form on a computer, click the box to the left of the appropriate service(s). Once selected, a check mark will appear.
  - Blood panels
  - Pregnancy test
  - Sexually transmitted infection testing, select all types of testing that were completed:
    - Genital culture
      - Urine NAAT
      - Wet Prep
    - Gonorrhea
      - For gonorrhea testing, select both “gonorrhea” and type: “oral,” “rectal,” “vaginal.”
    - Chlamydia
      - For chlamydia testing, select both “chlamydia” and type: “oral,” “rectal,” “vaginal.”
    - Trichomoniasis

- RPR, VDRL, Syphilis
- Herpes Culture
- Hepatitis Panel
- HIV antigen/antibody
- Rectal culture
- Toxicology screening services
  - Option for a standard hospital 12 panel toxicology screening and outsourced toxicology panel are available.
    - If the specimen is sent to an outside lab, the invoice for these services should be submitted to SARU along with the SSRF and other required documents.
- Drug facilitated sexual assault (DFSA):
  - Indicate if the case is a potential DFSA by selecting “yes,” “no,” or “other.”
    - DFSA occurs when a person is subjected to nonconsensual sexual acts while they are incapacitated or unconscious due to the effect(s) of alcohol, a drug and/or other intoxicating substance and are therefore prevented from resisting and/or unable to consent.<sup>15</sup>
    - Examiners should utilize their training to recognize potential indicators of DFSA cases (i.e. of memory, dizziness, slurred speech, etc.<sup>16</sup>) based on the survivor’s description of the assault and symptoms.
  - If “other” is selected, provide an explanation.
    - This section allows for free text.

Medications Administered for Reimbursement:

*When completing this section, select the medications that were provided to the patient by clicking the circle or box to the left of the medication name. Once selected, a check mark will appear.*

- Emergency contraception:
  - Select “yes” or “no”
- Pain Medication:
  - Tylenol (Acetaminophen)
  - Motrin (Ibuprofen)
  - Lidocaine
  - Ketorolac
- Antibiotics:
  - Rocephin (Ceftriaxone)

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<sup>15</sup> Society of Forensic Toxicologists, Inc. *Fact Sheet: Drug Facilitated Sexual Assaults*. Available at: [https://www.soft-tox.org/files/DFSA\\_Fact\\_Sheet.pdf](https://www.soft-tox.org/files/DFSA_Fact_Sheet.pdf)

<sup>16</sup> Office on Violence Against Women, United State Department of Justice (2013, April). *A National Protocol for Sexual Assault Medical Forensic Examiners (Adults/Adolescents)*. Washington DC (NCJ 228119)

- Flagyl (Metronidazole)
- Doxycycline
- Zithromax (Azithromycin)
- Suprax (Cefixime)
- Cipro (Ciprofloxacin)
- Erythromycin
- Levaquin (Lefloxacin)
- Vaccines
  - Tetanus
  - Hepatitis
  - Human Papillomavirus (HPV)
  - Hepatitis B Immune Globulin (HBIG)
- Anti-Nausea
  - Zofran (Ondansetron)
- Other
  - If selecting other, an explanation including the name of the medication must be provided.
  - If completing the form on a computer, the field allows for free text.
- Prophylaxis:

*This section is related to the administration of HIV prophylaxis or nPEP. For more information on the Pilot Program for Prevention Human Immunodeficiency Virus (HIV) Infection for Rape Victims, established in 2019 visit the GOCPYVS' [website](#).*

***This section does not need to be completed if the patient will not be taking nPEP.***

- If nPEP is provided, select the nPEP therapy option and provide the required information.
  - Number of days/doses of nPEP medication provided at the facility.
    - Select the dosage that is provided to the patient at the hospital.
    - Facilities should provide 3 to 7 days worth of medication at discharge.
  - If less than a full 28 day regimen is supplied, indicate where the patient will receive the remainder of the medication.
    - Retail Pharmacy
    - Health Department
    - Hospital Pharmacy
    - HIV/Immunology Clinic
    - Terrapin Pharmacy\*
      - If the patient is referred to Terrapin Pharmacy, providers must complete the nPEP/HIV Prophylaxis

Treatment Reimbursement Claim & Prescription Form.

- Instructions for prescription submission to Terrapin Pharmacy are provided on the form.
- Terrapin is a mail order pharmacy that has an established relationship with the SARU. Terrapin recognizes the time sensitive nature of this medication. Prescriptions for nPEP will be filled in a timely manner and delivered in discrete packaging to the patient via mailing company (i.e. FedEx) or courier to any address, including the hospital.
- Select the orders used. If completing the form on a computer, select the appropriate order by clicking the box to the left of the medication name. Once selected, a check mark will appear.
  - If eligible for nPEP treatment, healthcare providers should follow CDC Recommended Regimens to determine which medication is best for the patient.

Required Data:

*As part of the Pilot Program for Preventing Human Immunodeficiency Virus (HIV) Infection for Rape Victims, the SARU is responsible for collecting specific data points. This section of the form ensures that the necessary data is collected.*

***This section must be completed regardless of the patient’s eligibility for or decision to take nPEP.***

- The following questions require a “yes” or “no” answer. If completing the form on a computer, select the appropriate response by clicking the circle/box to the left of the response. Once selected, a check mark should appear.
  - Was the patient assessed for exposure to HIV?
  - Did the patient qualify to receive nPEP?
  - Did the patient choose to receive nPEP?
  - Did the patient elect to receive nPEP treatment without a SAFE?
    - Survivors of a sexually-based or sexually related crime do not have to have a SAFE in order to receive a full-course of nPEP treatment.<sup>17</sup>
    - If a SAFE was performed: select “No”
  - Was an HIV follow-up care referral made?
    - If yes, include where the patient was referred to. If completing the form on a computer, this field allows free text.
  - Number of days/doses of nPEP treatment provided at the facility.

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<sup>17</sup> MD Code, Crim. Pro. §11-1008.

- If completing on a computer, the response should autofill to reflect the response provided on the Medications Administered for Reimbursement section on page 3 of the form.
- If the patient is not receiving nPEP treatment, please input “0” or “N/A” after the “other” option.

Certification of Sexual Assault Treatment to Validate Reimbursement

- Patient’s full name:
  - This should match the name provided on page 1 of the form.
  - If completing the form on a computer, this section should auto populate accordingly.
- Forensic Nurse Examiner/Physician Name and Signature:
  - This can be the name and signature of the forensic nurse examiner (FNE) who conducted the SAFE or the emergency physician who evaluated the patient.
  - Electronic signatures are acceptable.
- Date
 

Enter the date in the following format: “mm/dd/yy”

nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

*This page should ONLY be complete if the patient is prescribed nPEP and will be utilizing Terrapin Pharmacy.*

*Note: the majority of these sections will autofill if the form is completed on a computer. It is recommended that each section be checked for accuracy.*

Date:

- Enter date of services renders
  - Use format: mm/dd/yy

Patient Information:

- Enter the patient’s full name by last, first, and middle.
  - It is not necessary to space out the last, first, and middle names. If this is desired, use the space bar, not the enter key, to provide separation.
  - Note: If completing the form on a computer, this section will autofill
- Patient DOB:
  - Enter in the following format: “mm/dd/yyyy”
  - Note: If completing the form on a computer, this section will autofill
- Patient Phone #:
  - Enter the patients phone number
  - Be sure to inform the patient that they may receive a call from Terrapin confirming the prescription and delivery date and time.

- If the patient has any contact preferences, please provide the necessary information to Terrapin.
  - Examples of contact preferences may include:
    - Do not leave a voicemail
    - May leave a voicemail but do not include medication name
    - Do not call before 10 am
  - Note: If completing the form on a computer, this section will autofill
- Delivery Address:
  - Enter the address that the patient would like the medication *delivered* to.
  - This address does not have to be their home address.
  - Providers should discuss alternate delivery addresses if a patient has safety concerns.
  - If an alternate delivery location is used, the patient should be instructed to inform staff or the resident, at that location of the impending delivery.
  - Alternate delivery locations may include:
    - Local Rape Crisis Center
    - Hospital
    - Friend's home
- Patient Weight
  - Enter patient weight in pounds (lbs)
- Allergies:
  - Indicate any medication allergies the patient has
- nPEP Medication Regimen
  - *If completing this form on a computer in conjunction with the SSRF, the doses provided at the facility, medication prescribed, follow-up referral and location, will auto populate based on answers provided on the SSRF.*
  - Doses Provided at the facility
    - Enter the number of doses of medication provided by the facility at discharge
      - All healthcare facilities should provide 3 – 7 days worth of medication
    - Note: If completing the form on a computer, this section will autofill
  - Select the nPEP medication prescribed
    - CDC guidelines should be utilized when determining which medication will be prescribed.
    - Note: If completing the form on a computer, this section will autofill
  - Zofran (Ondansetron):
    - Prescriptions for anti-nausea medication, can also be filled by Terrapin.
    - If prescribed, indicate here
    - Note: If completing the form on a computer, this section will autofill

- Other:
  - Complete this field if other prescriptions are needed. This may include medication for side effect management.
  - You must include the following:
    - Medication name
    - Regimen
    - Quantity
- Indicate if a follow-up care referral was made
  - Select “yes” or “no”
  - Note: If completing the form on a computer, this section will autofill
- If a follow-up care referral was made, indicate where
  - This field allows for free text
  - Note: If completing the form on a computer, this section will autofill
- Provider and Facility
  - Input provider name
    - This field allows for free text
  - Input NPI#
  - Input Healthcare Facility
    - This is a dropdown field. The dropdown list includes all acute care facilities in Maryland. However, the field does allow for free text if the facility is not listed.
    - Note: If completing the form on a computer, this section will autofill
  - Fax number
  - Provider signature
  - Phone number

Once this page is completed, follow instructions for submission to Terrapin Pharmacy at the top of the page.

- Forms can be faxed to Terrapin at 877-829-1925 or emailed to [meds@terpsrx.com](mailto:meds@terpsrx.com)
- **Do not fax entire form, *only* page 6 is needed.**

## Standalone nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form: Overview

The SARU administers the [Pilot Program for Prevention Human Immunodeficiency Virus \(HIV\) Infection for Rape Victims](#), established in Chapter 431 of 2019. Under this program, a survivor of a rape or sexual offense, or a survivor of child sexual abuse, may be eligible to receive a full course of non-occupational post-exposure prophylaxis (nPEP) treatment and follow-up care for the prevention of HIV infection. Survivors *do not* have to receive a SAFE in order to be assessed for nPEP or to receive a full course of treatment free of cost.

If a survivor of a rape or sexual offense, or a survivor of child sexual abuse, reports to any medical facility seeking HIV post-exposure prophylaxis, an assessment should be completed. If the patient qualifies for and would like to receive nPEP without a full SAFE, this form should be utilized for reimbursement and prescription fulfillment.

The SARU has recognized that not all hospitals can provide survivors with a full course (28 days) of treatment upon discharge. This, along with the time sensitive nature of receiving treatment, has resulted in the SARU's collaboration with Terrapin Pharmacy.

Terrapin Pharmacy is a mail order pharmacy located in Maryland. Terrapin will accept prescriptions for nPEP faxed or emailed using the nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form. Once received, Terrapin will fill the prescription and mail it to the patient via mailing company (i.e. FedEx) or courier. In order to protect each patient's privacy, the prescription is packaged discretely in a plain box. Patients can decide where the medication is sent. Patients may use their home address, a local rape crisis center, the hospital, or other address that is safe and private. The only requirement is that a signature is obtained upon delivery.

### Provider Resources for nPEP/HIV Prophylaxis Treatment

Forensic Nurse Examiners, or other medical care professionals seeking information or assistance on nPEP can utilize the following resources:

- National Clinician's Post-Exposure Prophylaxis Hotline: 1-888-448-4911
  - This hotline assists with assessing risk of exposure, determining the appropriateness of prescribing nPEP, selecting the best nPEP regimen, and advising on follow-up testing.
  - The hotline is available for clinicians Monday – Friday from 9am – 8pm EST and on weekends & holidays from 11am – 8pm EST.
- Centers for Disease Control and Prevention website at CDC.gov and search "HIV risk PEP" for links to consumer and provider resources.

### Patient Guide to nPEP

A guide on nPEP was created to inform survivors of the availability of and eligibility for HIV Prophylaxis (nPEP). A copy of this guide is available in Appendix D on pages 41 – 42. A printer friendly version of this guide is available at [www.mcasa.org](http://www.mcasa.org) on the [“Getting Medical Attention” webpage](#).

## Completing Standalone nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form: Guidance by Section

This form only needs to be completed if the patient is receiving nPEP through Terrapin Pharmacy or if the patient has elected not to have a SAFE but is still receiving nPEP.

This form cannot be signed by a Forensic Nurse Examiner. The signature must be from a qualified health care provider with prescriptive authority.

*Note: Do not use the form provided in Appendix B, this is provided for reference only. For the most up to date version, please visit SARU's nPEP Program website at <http://goccp.maryland.gov/program-for-preventing-human-immunodeficiency-virus-hiv-infection-for-rape-victims/>*

### Patient Information:

- Enter the patient's full name by last, first, and middle.
  - It is not necessary to space out the last, first, and middle names. If this is desired, use the space bar, not the enter key, to provide separation.
- Patient DOB:
  - Enter in the following format: "mm/dd/yyyy"
- Patient Medical Record Number:
- Patient Age:
- Patient Race:
  - This field has a dropdown menu
  - Free text is also accepted
- Patient Gender:
  - Select the gender the patient identifies as
- Patient Ethnicity:
  - This field has a dropdown menu
  - Free text is also accepted
- Patient Address:
  - This field only requires the county and zip code of the patient's residence
- Delivery Address:
  - This section only needs to be completed if Terrapin Pharmacy utilized.
    - If using the hospital pharmacy or retail pharmacy or clinic that requires patient pick-up, this section can be left blank or input "N/A"
  - Enter the address that the patient would like the medication *delivered* to.
    - This address does not have to be their home address
    - Providers should discuss alternate delivery addresses if a patient has safety concerns.

- If an alternate delivery location is used, the patient should be instructed to inform staff, or the resident, at that location of the impending delivery.
  - Alternate delivery locations may include:
    - Local Rape Crisis Center
    - Hospital
- Date & Time of Sexually-Based or Sexually Related Crime:
  - Input date using mm/dd/yy format
  - Input approximate time of assault and indicate AM/PM
- Location of Sexually-Based or Sexually Related Crime:
  - Input the city or county and state
  - Exact address is not necessary

Healthcare Facility Information:

- Healthcare Facility Providing HIV Exposure Assessment & Treatment:
  - Enter the name of the healthcare facility where patient is being assessed and treated
- Facility Phone Number
- Facility Fax
- Billing Email Address
- Appointment Type:
  - Select “initial examination” or “follow-up care”

nPEP/HIV Prophylaxis Treatment Authorization

- Hospital/Healthcare Facility
  - Enter the name of the healthcare facility conducting assessment and treatment
  - Note: If completing this form on a computer, this section should autofill
- Qualified Healthcare Professional/Examiner
  - Enter the name of the provider conducting the assessment and providing treatment
- Patient Name (print)
  - Note: If completing this form on a computer, this section should autofill
- Patient Signature
- Relationship to Patient
- Date

Sexual Assault Forensic Exam Information:

- Did the patient receive nPEP treatment without having a SAFE exam?
  - If the patient did receive a SAFE, input the date of the SAFE and hospital where the exam was conducted.

Required Data:

*As part of the Pilot Program for Preventing Human Immunodeficiency Virus (HIV) Infection for Rape Victims, the SARU is responsible for collecting specific data points. This section of the form ensures that the necessary data is collected.*

- The following questions require a “yes” or “no” answer. If completing the form on a computer, select the appropriate response by clicking the circle/box to the left of the response. Once selected, a check mark should appear.
  - Was the patient assessed for exposure to HIV?
  - Did the patient qualify to receive nPEP?
  - Did the patient choose to receive nPEP?
  - Was an HIV follow-up care referral made?
    - If yes, include where the patient was referred. If completing the form on a computer, this field allows free text.
  - Which payment option will be utilized for billing?
    - Patients may use the SARU, a pharmaceutical patient assistance program, or health insurance for nPEP purchase. It is important to note that the patient should not be responsible for any out of pocket cost. If insurance is used, the copayment should be billed to the SARU by providing a copy of the charge with the reimbursement form.
    - Select the payment option selected by the patient.
    - If the patient is utilizing health insurance, indicate the name of the insurance company.

*Laboratory Services:*

- Pregnancy Test:
  - Serum or Urine (HCQ Qualitative Only)
- Blood Panels: select all that apply
  - HIV rapid antigen/antibody
  - CBC
  - CMP
  - Hepatitis Panel
- Other
  - List any other laboratory services provided here. The field allows for multiple lines of free text.

*nPEP Medication Regimen:*

- Enter the number of doses of medication provided by the facility at discharge
  - All healthcare facilities should provide at least 3 – 7 day’s worth of medication
- Select the nPEP medication prescribed
  - CDC guidelines should be utilized when determining which medication will be prescribed.

- Zofran (Ondansetron):
  - Prescriptions for anti-nausea medication can also be filled by Terrapin.
- Other:
  - Complete this field if other prescriptions are needed. This may include medication for side effect management.
  - You must include the following:
    - Medication name
    - Regimen
    - Quantity
- Follow-up Care Referral
  - Indicate if a follow-up care referral was made
    - Select “yes” or “no”
  - If a follow-up care referral was made, indicate where
    - This field allows for free text
- Provider Information
  - Input provider name
    - This field allows for free text
  - Input NPI#
  - Provider signature
  - Phone number

#### *Medical Services*

- Any additional medical services rendered should be captured here such as medical consult.

#### *Terrapin Prescription Form*

*This is the last page of the document and **only** needs to be completed if Terrapin Pharmacy will be fulfilling the prescription.*

- Date:
  - Enter date of services render
    - Use mm/dd/yy format
- Patient Name:
  - Enter patient full name by Last, First, and Middle
  - *Note:* It is not necessary to space out the last, first, and middle names. If this is desired, use the space bar and not the enter key.
  - *Note:* If completing this form on a computer, this field should autofill
- Patient DOB:
  - Enter in the following format: “mm/dd/yyyy”
  - *Note:* If completing this form on a computer, this field should autofill
- Patient Phone #:
  - Enter the patient’s phone number

- Be sure to inform the patient that they may receive a call from Terrapin confirming the prescription and delivery date and time.
- If the patient has any contact preferences, please provide the necessary information to Terrapin.
  - Examples of contact preferences may include:
    - Do not leave a voicemail
    - May leave a voicemail but do not include medication name
    - Do not call before 10 am
- Delivery Address:
  - Enter the address that the patient would like the medication *delivered* to.
  - This address does not have to be their home address
  - Providers should discuss alternate delivery addresses if a patient has safety concerns.
  - If an alternate delivery location is used, the patient should be instructed to inform staff, or the resident, at that location of the impending delivery.
  - Alternate delivery locations may include:
    - Local Rape Crisis Center
    - Hospital
    - Friend's home
  - *Note: if completing this form on a computer, this field should autofill*
- Patient Weight
  - Enter patient weight in pounds
- Allergies:
  - Indicate any medication allergies the patient has
- nPEP Medication Regimen
  - *If completing this form on a computer the doses provided at the facility, medication prescribed, follow-up referral and location, will auto populate based on answers provided on page 4.*
  - Enter the number of doses of medication provided by the facility at discharge
    - All healthcare facilities should provide 3 – 7 day's worth of medication
  - Select the nPEP medication prescribed
    - CDC guidelines should be utilized when determining which medication will be prescribed.
  - Zofran (Ondansetron):
    - Prescriptions for Ondansetron, for nausea management, can also be filled by Terrapin.
  - Other:
    - Complete this field if other prescriptions are needed. This may include medication for side effect management.
    - You must include the following:

- Medication name
  - Regimen
  - Quantity
- Indicate if a follow-up care referral was made
  - Select “yes” or “no”
- If a follow-up care referral was made, indicate where
  - This field allows for free text
- Provider and Facility
  - Input provider name
    - This field allows for free text
  - Input NPI#
  - Input Healthcare Facility
    - *Note:* if completing this form on a computer, this field should autofill
  - Fax number
  - Provider signature
  - Phone number

## Submitting nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form to Terrapin Pharmacy

Facilities that are utilizing Terrapin Pharmacy for prescription filling and delivery purposes must submit the completed nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form to Terrapin immediately. This will help ensure that Terrapin is able to fill the prescription and deliver the medication to the patient in a timely manner.

Once the form is completed, send the completed form to Terrapin Pharmacy by email to [meds@terpsrx.com](mailto:meds@terpsrx.com) or by fax to 877-829-1925.

The SARU provided guidance on nPEP treatment and addressed frequently asked questions in December 2020 with the release of a guidance document titled: "[Non-occupational Post Exposure Prophylaxis \(nPEP\) Pilot Program Guidance for Victims of Sexual Assault](#)." This document is available in Appendix C on pages 35-40.

### **Questions**

For questions regarding reimbursement, SAFE Programs may contact SARU at [saru.claims@maryland.gov](mailto:saru.claims@maryland.gov)

For questions regarding statutory and regulatory requirements for healthcare providers and the provision of specific information to survivors, SAFE Programs may contact MCASA at [info@mcasa.org](mailto:info@mcasa.org) or MHA at [mha@mhaonline.org](mailto:mha@mhaonline.org)

## Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process: Form Overview

This form was created by the Sexual Assault Evidence Kit Policy and Funding Committee (SAEK Committee): Availability of Exams and Shortage of Forensic Nurse Examiner Subcommittee (FNE Subcommittee) in order to provide hospital Sexual Assault Forensic Exam (SAFE) Programs with a standardized form that informs survivors of the SAFE process and their rights.

The information included on this form aims to assist SAFE Programs in meeting new statutory and regulatory requirements that certain information is provided to patients at the time of an exam.

Programs are not required to utilize this form. However, this form, along with the Maryland Coalition Against Sexual Assault (MCASA) “Know Your Rights” brochure, addresses healthcare provider statutory and regulatory requirements.

This form is not governed by the SARU. The form, and the associated brochure, will be reviewed regularly by the SAEK Committee: FNE Subcommittee, and updates will be incorporated as necessary.

It is recommended that forensic nurse examiners, or qualified healthcare professional, conducting the exam review this form with each patient before beginning the exam. The form ensures that the patient is informed about the process of the SAFE and allows opportunity for patients to ask questions or discuss any concerns they may have.

SAFE Programs may request a customizable version of this form to include hospital specific information and logos by contacting MCASA at [info@mcasa.org](mailto:info@mcasa.org) or MHA at [mha@mhaonline.org](mailto:mha@mhaonline.org).

## Completing Understanding Your Options Form: Guidance by Section

### Exam Components:

- List of exam components is provided. This list includes:
  - Medical History
  - Assault History
  - Medical Care and Treatment
  - Toxicology Testing
  - Physical Examination
  - Photographs of Body and/or Genitals
  - Collection of Evidence
- Provides an overview of consent to the examination
  - Informs the patient that they do not have to consent to all the exam components and that they can decline the completion of any exam component.
  - Informs the patient that they can withdraw consent at any time.

### Reporting Options:

*This section is critical in providing survivors with their options for receiving a SAFE with or without reporting to law enforcement. Mandatory reporting requirements are also covered.*

- Medical Exam:
  - A patient may select this option if they only wish to receive a medical exam. The option clearly states that law enforcement will not be involved, and evidence of the assault will not be collected.
  - This option includes:
    - Complete medical exam
    - Consultation with an FNE
    - Medication to prevent pregnancy and sexually transmitted infections
  - Advocate accompaniment is still available
  - Referrals to support services, such as counseling, will be made.
- Medical Forensic Exam with Reporting to Law enforcement:
  - A patient may select this option if they wish to report the sexually related or sexually based crime to law enforcement for criminal investigative purposes.
  - Information provided in this section of the form includes:
    - This option includes a medical examination and evidence collection services.
    - List of expectations for this option including:
      - Police notification
      - Victim advocate support and accompaniment
      - Complete medical exam

- Medication to prevent pregnancy and sexually transmitted infections
  - A SAFE conducted by an FNE or physician
  - Evidence provided to the police within 30 days and potential completion of DNA testing and analysis
  - Communication with the police, victim advocate, and State’s Attorney’s Office
- Medical Forensic Exam with Anonymous Reporting:
  - A patient may select this option if they are not ready to speak to the police and report the crime but wish to have a medical exam and evidence collection services.
  - Information provided on the form includes:
    - This option includes all components of a sexual assault forensic exam but does not include immediate notification of law enforcement.
    - List of expectations for this option including:
      - Victim advocate support and accompaniment
      - Complete medical exam
      - Medications to prevent pregnancy and sexually transmitted infections
      - A SAFE conducted by an FNE or physician
  - A description of evidence storage and retention requirements<sup>18</sup> and future reporting options.<sup>19</sup>
  - Obtain patient signature:
    - If a patient chooses this option, a signature is required indicating that they patient acknowledges the potential loss of crime scene evidence on any future criminal investigation and potential prosecution. The signature further acknowledges understanding that the patient has been informed that they may contact law enforcement in the future if they decide to report the assault or abuse and pursue a criminal investigation.

Contacting Law Enforcement:

- This section provides an overview of law enforcement agency responsibility for testing, retention, and destruction of the sexual assault evidence kit. This includes informing the patient that they may contact the agency regarding a decision to test the SAEK, which requires law enforcement to respond within 30 days<sup>20</sup>, request to extend retention of the kit<sup>21</sup>, and request to receive notice of destruction.<sup>22</sup>

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<sup>18</sup> MD Code, Crim. Pro. §11-926(b)(2); COMAR 02.08.01.03(A)(2)

<sup>19</sup> MD Code, Crim. Pro. §11-926(f)(1); COMAR 02.08.02.02(A)

<sup>20</sup> MD Code, Crim. Pro. §11-926(c); COMAR 02.08.01.03(B).

<sup>21</sup> MD Code, Crim. Pro. §11-926(d)(4)(ii); COMAR 02.08.01.04(D)(2)

<sup>22</sup> MD Code, Crim. Pro. §11-926(d)(3)(i)-(ii); COMAR 02.08.01.04(C)

- A space is available for the FNE to provide the patient with the following information for law enforcement<sup>23</sup>:
  - Name of the appropriate law enforcement agency
  - Phone number for the appropriate law enforcement agency
  - Officer contact (if known) for the appropriate law enforcement agency
  - Case identifier
- It is critical that providers explain the importance of this information. This includes informing patients that the case identifier will be needed for law enforcement to identify their case, especially if they choose not to report to law enforcement and have an anonymous exam.

HIV Testing and Counseling:

- This section provides patients with information on HIV testing options and counseling. Specifically, patients will be informed of their right to receive HIV preventative medication known as HIV Prophylaxis (nPEP).<sup>24</sup> Patients are informed that this includes the full course of medication and associated follow-up care services up to 180 days after their initial visit.
- Additionally, patients are informed that if they are choosing to report the sexually based or sexually related crime to law enforcement, they have the right to request that the reported perpetrator be tested for HIV and the results be provided to them.
  - Local SAFE Programs are responsible for providing guidance to the patient on this process, should they choose to request it, in their jurisdiction.

Follow-up Care:

- This section informs sexual assault survivors of their right to receive follow-up care for health-related concerns including, but not limited to, injuries related to the sexual assault. This follow-up care is available free of cost up to 90-days after the initial forensic medical exam. Additionally, Follow-up care related to HIV prophylaxis, care, and associated laboratory services are covered up to 180 days after the assault.
- FNEs, or other qualified healthcare professionals, can use this section as a prompt to discuss follow-up care options with patients.
  - This includes allowing the survivor to indicate how and when they would like to receive follow-up care.
  - Survivors may select one of the following options:
    - Prefer to follow-up with their primary care provider or other healthcare provider
    - Prefer that the hospital make a referral for follow-up care.
      - If the survivor selects this option, spaces are available to list the following information regarding follow-up care:

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<sup>23</sup> MD Code, Crim. Pro. §11-926(b)(1); COMAR 02.08.01.03(A)(1)

<sup>24</sup> MD Code, Crim. Pro. §11-1008(c)(1)

- Provider name
- Phone number
- Address
- Appointment Date/Time (if applicable).

Patient Acknowledgement

- This section requires the patient signature as acknowledgement that they have reviewed the information regarding medical forensic care, reporting sexual assault or abuse to law enforcement, follow-up care, and other related services.
- Signatures require a first and last name, date, and relationship to patient (i.e. self, guardian, or authorized individual).

Staff Use:

- This final section requires the signature of staff, or witness, and date.
- A copy of this packet should be provided to the patient and a copy should be placed with the hospital file.

## Maryland Coalition Against Sexual Assault “Your Sexual Assault Evidence Kit: Know Your Rights” Brochure Overview

The Maryland Coalition Against Sexual Assault (MCASA), in collaboration with the Maryland Hospital Association and the SAEK Committee: FNE Subcommittee developed the “Your Sexual Assault Evidence Kit: Know Your Rights” brochure to provide SAFE Programs with a resource that provides patients with information on their sexual assault evidence kit. The information included in this brochure helps ensure that survivors have access to information regarding their sexual assault evidence kit and their rights, but also ensures that further statutory and regulatory obligations are met.

Healthcare providers are now required by statute and regulation to provide specific written information describing sexual assault evidence kit (SAEK) laws to survivors of sexual assault.<sup>25</sup> Some of this information is included in the “Understanding Your Options” form discussed on pages 18-22. However, the “Know Your Rights” brochure expands upon the information provided in the “Understanding Your Options” form and covers additional statutory and regulatory requirements. Additionally, these brochures can be provided by law enforcement and victim advocates to survivors that may have questions about the kit and their rights.

Specifically, the brochure the following statutory and regulatory requirements (this list is not exclusive):

- Right to be informed about the decision to test the SAEK<sup>26</sup>
- Right to be informed on the status of SAEK testing<sup>27</sup>
- Right to be informed of SAEK testing results<sup>28</sup>
- Law enforcement response to requests for information on SAEK testing within 30 days<sup>29</sup>
- Right to decline SAEK testing<sup>30</sup>
- Right to request an Untested Kit Case Review<sup>31</sup>
- Right to receive an anonymous SAFE and report at a future date<sup>32</sup>
- SAEK retention for 20 years<sup>33</sup>
- Right to request extended retention of SAEK<sup>34</sup>

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<sup>25</sup> MD Code, Crim. Pro. §11-926(b)(2); COMAR 02.08.01.03(A)(2)

<sup>26</sup> COMAR 02.08.01.03(B)(1)

<sup>27</sup> MD Code, Crim. Pro. §11-926(c)(1); COMAR 02.08.01.03(B)(2)

<sup>28</sup> MD Code, Crim. Pro. §11-926(c)(2); COMAR 02.08.01.032(B)(3)

<sup>29</sup> MD Code, Crim. Pro. §11-926(c); COMAR 02.08.01.03(B)

<sup>30</sup> MD Code, Crim. Pro. §11-926(e)(3); COMAR 02.08.02.01(C)

<sup>31</sup> COMAR 02.08.01.03(A)(3)

<sup>32</sup> MD Code, Crim. Pro. §11-926(f)(1); COMAR 02.08.02.02(A)

<sup>33</sup> MD Code, Crim. Pro. §11-926(d)(2)(i)-(ii); COMAR 02.08.01.04(B)

<sup>34</sup> MD Code, Crim. Pro. §11-926(d)(4)(ii); COMAR 02.08.01.04(D)(2)

- Right to request, in writing, to be notified prior SAEK destruction<sup>35</sup>

MCASA will review the content of this brochure on a regular basis and update accordingly. These brochures are available free of cost to SAFE Programs, Rape Crisis Centers and other advocacy agencies, and law enforcement agencies.

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<sup>35</sup> MD Code, Crim. Pro. §11-926(d)(4)(i); COMAR 02.08.01.04(D)

## Local Certified Rape Crisis Centers

Under Maryland statutory and regulatory regulations, survivors of sexual assault should be provided a list of the available certified rape crisis centers or other qualified community-based sexual assault victim service organizations in the county.<sup>36</sup> This helps ensure that survivors are aware of the organizations that are available to provide services and support and further assists law enforcement agencies in their mandate to make use of these rape crisis centers and victim service organizations.

MCASA maintains a up to date list of the local Rape Crisis Centers throughout Maryland. This list is available to SAFE Programs, hospitals, and law enforcement agencies as a [brochure insert, free of cost](#). The list can also be viewed on the [MCASA website](#) under “Survivors Seeking Help” → “Find a Rape Crisis Center”



**Note:** Do not use the above image for distribution.

To ensure your program has an updated list of RCC's visit the [MCASA website to order free inserts](#).

<sup>36</sup> MD Code, Crim. Pro. §11-926(g)(2); COMAR 02.08.02.04

## Glossary of Terms:

### *Agencies & Committees:*

**Governor's Office of Crime Prevention, Youth, and Victim Services:** the coordinating office that advises the Governor on criminal justice strategies. The office plans, promotes, and funds efforts with government entities, private organizations, and the community to advance public policy, enhance public safety, reduce crime and juveniles delinquency, and serve victims of crime.

**Sexual Assault Reimbursement Unit (SARU):** operating under the Code of Maryland Regulations 10.12.02, Rape and Sexual Offenses – Physician and Hospital Charges, was created to provide reimbursement for the physical examination, collection of evidence, and emergency treatment of individual for injuries resulting from rape, sexual assault, or child sexual abuse. The SARU governs the reimbursement for sexual assault forensic exams and related medical and follow-up care.

**Criminal Injuries and Compensation Board (CICB):** a state agency with the purpose of compensating victims of crime for losses sustained from their victimization. CICB is a payer of last resort. Victims of crime are required to apply for compensation independently. Hospital claims should not be submitted directly to CICB. Victim's looking for assistance can be referred to the Sexual Assault Legal Institute.

**Maryland Coalition Against Sexual Assault (MCASA):** the federally-recognized state sexual assault coalition of Maryland. Its core members are the state's 17 rape crisis centers. MCASA also represents the voices of professionals and service providers working with sexual assault survivors, providing policy advocacy, technical assistance, training, outreach, and prevention.

**Sexual Assault Legal Institute (SALI):** legal division of MCASA dedicated to providing direct legal services for victims and survivors of sexual violence. SALI also offers technical assistance and training for attorneys, rape crisis center staff and volunteers, and other professionals working with survivors.

**Maryland Hospital Association (MHA):** a membership organization composed of community, teaching and specialty hospitals and health systems. MHA serves Maryland's hospitals and health systems through collective action to shape policies, practices, financing and performance to advance health care and the health of all Marylanders. Allied with the American Hospital Association, MHA is an independent organization created as a forum for cooperation and communication among the state's major health care providers.

**Terrapin Pharmacy:** an innovative pharmacy that specializes in eliminating the barriers that contribute to medication noncompliance, thus increasing adherence rate. Partnered with the SARU to ensure survivors have access to the full course of HIV prophylaxis (nPEP).

**Sexual Assault Evidence Kit Policy & Funding (SAEK) Committee:** a legislatively mandated committee established by the passage of The Sexual Assault Victims Resources Act of 2017 (SB 734). The Committee is chaired by the Attorney General or his designee The Committee is tasked with

recommending best practices and recommendations regarding sexual assault evidence kit testing, retention, availability and funding, stakeholder coordination, the shortage of forensic nurses and victim notification.

**Availability of Exams & Shortage of Forensic Nurse Examiner Subcommittee (FNE Subcommittee):** a subcommittee of the SAEK Committee.

*Forms:*

**Sexual Assault Reimbursement Unit Sexual Assault Forensic Exam Reimbursement Form (SSRF):**

Reimbursement form that must be completed by hospitals or qualified healthcare providers that are seeking reimbursement for the provision of a sexual assault forensic exam and associated medication, laboratory services, and follow-up care. This form must be submitted, along with an itemized bill, and UB-04 CMS-1450 or OMB 0938-1197 1599 form. This form replaces the previously used Maryland Department of Health Form #2923.

**nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form:** Form that hospitals and qualified healthcare providers complete and send to Terrapin Pharmacy for the fulfillment of an nPEP prescription with delivery service to the survivor. This form will also be used for reimbursement of the medication regimen. If nPEP is being provided through means other than Terrapin pharmacy, this form does not need to be completed.

**Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process Form:** in order to provide hospital Sexual Assault Forensic Exam (SAFE) Programs with a standardized form that informs survivors of the SAFE process and their rights. The information included on this form aims to assist SAFE Programs in meeting new statutory and regulatory requirements that certain information is provided to patients at the time of an exam.

**Your Sexual Assault Evidence Kit: Know Your Rights Brochure Insert:** Brochure insert developed to provide SAFE Programs with a resource that provides patients with information on their sexual assault evidence kit. The information included in this brochure helps ensure that survivors have access to information regarding their sexual assault evidence kit and their rights, while also ensuring the statutory and regulatory obligations of healthcare providers are met.

*Fundamentals:*

**Sexual Assault Evidence Kit (SAEK):** Often referred to as a rape kit, a SAEK is a package of materials used to collect samples (evidence) from the survivor's body by a qualified medical professional, often a Forensic Nurse Examiner (FNE). The contents of a SAEK may vary by jurisdiction but generally include paperwork to document the exam, swabs and slide for biological evidence collection, containers for blood and urine samples, evidence bags for clothing and other large pieces of evidence, and envelopes of hair, fibers, and other trace evidence.

**Sexual Assault Forensic Exam (SAFE):** a medical examination conducted after a sexual assault, rape, or child sexual abuse by an FNE or other qualified healthcare professional that includes a

physical examination, collection of potential forensic evidence, and emergency treatment of individuals for injuries resulting from rape, sexual assault, or child sexual abuse

**Forensic Nurse Examiner (FNE):** a registered nurse that has completed necessary education and training to conduct sexual assault forensic exams and has been certified by the Maryland Board of Nursing.

**Qualified Healthcare Provider:** means an individual who is licensed by a health occupations board established under the Health Occupations Article.<sup>37</sup>

**HIV Prophylaxis (nPEP):** medication regimen that can reduce the likelihood of HIV transmission after exposure.

**Victim/Survivor:** an individual that has experienced sexual violence. The term victim is specifically used in criminal cases and may not resonate with individuals whose case was not pursued criminally. The terms may be used interchangeably in this document.

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<sup>37</sup> MD Code Crim. Pro. §11-1007.

# Appendix A: SARU SAFE Reimbursement Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)



Maryland Governor's Office of Crime Prevention, Youth, and Victim Services  
Sexual Assault Reimbursement Unit (SARU)  
100 Community Place, Crownsville, MD 21032

## SARU SAFE Reimbursement Form (SSRF) Authorization For Sexual Assault Forensic Medical Examination

This form is to be submitted with an itemized bill, and UB-04 CMS-1490 or OMB-0938-1197 1500 form. Submit mandatory forms for reimbursement to the Sexual Assault Reimbursement Unit (SARU) within 90 days of the exam. Reimbursement claims are subject to the guidelines of the SARU. All fields must be completed. Please provide a remittance address if it is different from the facility address.

Healthcare Facility:

Healthcare Professional Conducting Examination:

Facility Phone Number:  Facility Fax:

Billing Email Address:

Appointment Type:  Initial Examination  Follow Up Care Bill Type:  Facility  Physician

Patient Full Name:  (Last)  (First)  (Middle)

Patient DOB:  (mm/dd/yy) Patient Medical Record Number:

Patient Age:  Race:  Ethnicity:  Gender:

Patient Address:  (State)  (County)  (Zip Code) Patient Phone #:

Date & Time of Sexually-Based or Sexually Related Crime:  (mm/dd/yy)  (Approximate Time)(AM/PM)

Location of Sexually-Based or Sexually Related Crime:  (State)  (County)  (Zip Code)

Date and Time of Forensic Exam:  (mm/dd/yy)  (Approximate Time)(AM/PM) Anonymous Exam?:  YES  NO

Police Department Contacted:  (Badge #)  (District) Officer Name:   (Phone #)

Police Case Number, Property Held Number, or Other Case Identifier:

## Appendix A: SARU SAFE Reimbursement Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)

### Authorization for Medical Examination, Collection of Evidence, and Release of Information

I hereby authorize  and   
(Hospital) (Qualified Healthcare Professional/Examiner)  
to conduct a medical evaluation and/or treatment which may include a sexual assault forensic exam to gather information and evidence as to an alleged sexual assault, including the collection of blood, urine, tissue, or other specimens and clothing and the taking of photographs and/or video.

In addition, I hereby authorize the transmittal of the below list of forensic medical services and treatment rendered to me to the Criminal Injuries Compensation Board's Sexual Assault Reimbursement Unit (SARU) for the purpose of providing the authority for the SARU to pay the physician, qualified healthcare provider, or hospital for the services rendered to me and for the collection of evidence. I understand that my personal information including medical chart, narrative of the assault, and photographs/video cannot be disclosed as a requirement to obtain reimbursement pursuant to Criminal Proceedings §11-1007.

Furthermore, I hereby authorize the transmittal of the below list of forensic medical services and treatment rendered to the Police Department of the jurisdiction where the alleged crime took place, when and if I elect to report the alleged sexual assault to the police, and to the Office of the State's Attorney of the jurisdiction, when and if I elect to participate with a prosecution of the alleged sexual assault.

Signed:    
(Print Name) (Signature)

Relationship to patient:  Date:   
(self, guardian, authorized surrogate) (mm/dd/yy)

## Appendix A: SARU SAFE Reimbursement Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)

### Medical Services

<input type="checkbox"/> Medical Screening Examination	<input type="checkbox"/> Forensic Exam	<input type="checkbox"/> Radiology	<input type="checkbox"/> Surgical Consult
Other Services: <input type="checkbox"/> None <input type="checkbox"/> Yes (note each service or put N/A)			

### Laboratory Services

<b>Blood Panels:</b> <input type="checkbox"/> CBC	<input type="checkbox"/> CMP	<input type="checkbox"/> Serum Alcohol
<b>Pregnancy Test:</b> <input type="checkbox"/> Serum	<input type="checkbox"/> Urine (HCG Qualitative only)	
<b>Sexually Transmitted Infections:</b>		
<input type="checkbox"/> Genital culture	<input type="checkbox"/> Urine NAAT	<input type="checkbox"/> Wet Prep
<input type="checkbox"/> Gonorrhea:	<input type="checkbox"/> Oral	<input type="checkbox"/> Rectal
<input type="checkbox"/> Chlamydia:	<input type="checkbox"/> Oral	<input type="checkbox"/> Rectal
<input type="checkbox"/> Trichomoniasis	<input type="checkbox"/> RPR, VDRL, Syphilis	<input type="checkbox"/> Herpes Culture
<input type="checkbox"/> Rectal Culture	<input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> HIV antigen/antibody
<b>Toxicology Screening Services:</b>		
<input type="checkbox"/> Standard Hospital 12-panel Toxicology Screening:	<input type="checkbox"/> Urine	<input type="checkbox"/> Blood
<input type="checkbox"/> Outsourced Toxicology Panel (attached invoice):	<input type="checkbox"/> Urine	<input type="checkbox"/> Blood
<b>Drug Facilitated Sexual Assault (DFSA):</b>		
Was DFSA suspected? <input type="radio"/> Yes <input type="radio"/> No		
<input type="checkbox"/> Other/Explain: _____		

### Medications Administered for Reimbursement

<b>Emergency Contraception:</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Pain Medication:</b>	<input type="checkbox"/> Tylenol (Acetaminophen)	<input type="checkbox"/> Motrin (Ibuprofen)
	<input type="checkbox"/> Ketorolac	<input type="checkbox"/> Lidocaine
<b>Antibiotics:</b>	<input type="checkbox"/> Rocephin (Ceftriaxone)	<input type="checkbox"/> Flagyl (Metronidazole)
	<input type="checkbox"/> Zithromax (Azithromycin)	<input type="checkbox"/> Suprax (Cefixime)
	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Levaquin (Levofloxacin)
<b>Vaccines:</b>	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Hepatitis
	<input type="checkbox"/> Human Papillomavirus (HPV)	<input type="checkbox"/> Hepatitis B Immune Globulin (HBIG)
<b>Anti-nausea:</b>	<input type="checkbox"/> Zofran (Ondansetron)	
<input type="checkbox"/> Other/Explain: _____		
<b>Prophylaxis:</b>	<input type="checkbox"/> nPEP therapy	
<b>Number of days/doses of nPEP medication provided at facility:</b>	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 28	
<input type="checkbox"/> Other: _____		
If less than a full 28-day regimen was supplied, where was the patient referred to obtain the balance of treatment?		
<input type="radio"/> Retail Pharmacy <input type="radio"/> Health Department <input type="radio"/> Hospital Pharmacy <input checked="" type="checkbox"/> HIV/Immunology Clinic <input type="radio"/> Terrapin Pharmacy*		
<input type="radio"/> Other: _____		

\*If patient is referred to Terrapin Pharmacy, complete nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form and send to Terrapin Pharmacy by email to [meds@terpsrx.com](mailto:meds@terpsrx.com) or by fax to 877-829-1925.\*

## Appendix A: SARU SAFE Reimbursement Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)

### **CDC Recommended Regimens (2016):**

*The National Clinician Consultation Center offers free non-occupational post-exposure prophylaxis consultation Mon-Fri 9 am to 8 pm EST and weekend and holidays 11 am to 8 pm. Call 888-448-4911 for more information.*

- Otherwise healthy adults and adolescents  $\geq$  13-years old: A 3-drug regimen of Truvada + Isentress OR Tivicay
- Adults and adolescents  $\geq$  13-years old with renal dysfunction (creatinine clearance  $<$ 59 mL/min): A 3-drug regimen of Combivir + Isentress OR Tivicay (dosages adjusted to degree of renal function)
- Children age 2-12 years old: A 3-drug regimen of Tenofovir DF, Emtricitabine, and Raltegravir, with dosages adjusted to age and weight
- Children age 4 weeks – 2 years old: A 3-drug regimen of Zidovudine, Lamivudine, and Raltegravir OR Lopinavir/Ritonavir with dosages adjusted to age and weight

### **Please check orders to be used:**

- Truvada (Emtricitabine 200 mg and Tenofovir DF 300 mg)
- Isentress (Raltegravir 400 mg)
- Tivicay (Dolutegravir 50 mg) (Avoid during first trimester or for women of child-bearing age)
- Combivir (Zidovudine 300 mg and Lamivudine 150 mg)
- Stribild (Elvitegravir 150mg, Cobicistat 150mg, Emtricitabine 200mg and Tenofovir 300mg)
- Zofran (Ondansetron 4mg ODT)
- Other: \_\_\_\_\_

### **Required Data**

Was the patient assessed for exposure to HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Did the patient qualify to receive nPEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Did the patient choose to receive nPEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Did the patient elect to receive nPEP treatment <u>without</u> a SAFE exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Was an HIV follow-up care referral made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, where:	_____					
Number of days/doses of nPEP treatment provided at facility	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 28	Other/NA: _____

## Appendix A: SARU SAFE Reimbursement Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)

### Authorization For Sexual Assault Forensic Examination Continued

### Certification of Sexual Assault Treatment to Validate Reimbursement

I hereby attest and affirm to the best of my knowledge that [redacted]  
(Patient's full name) was treated for alleged rape, sexual assault, or child sexual abuse or injuries sustained as a result in accordance with COMAR 10.12.02.5. I certify that any items billed to the SARU for reimbursement are for the treatment of alleged rape, sexual assault, or child sexual abuse including injuries sustained as a result.

Signed:

(Forensic Nurse Examiner/Physician) (Print)

(Signature)

Date:

(mm/dd/yy)

## Appendix A: SARU SAFE Reimbursement Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)



Maryland Governor's Office of Crime Prevention, Youth, and Victim Services  
Sexual Assault Reimbursement Unit (SARU)  
100 Community Place, Crownsville, MD 21032

### nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

If your facility is unable to provide a full course of therapy to the patient at the time of discharge, the Governor's Office of Crime Prevention, Youth, and Victim Services is collaborating with Terrapin Pharmacy to facilitate the process for sexual assault patients to receive this critical medication. Upon discharge, facilities should provide the patient with at least a 3 - 7 day dose of nPEP medication, and then Terrapin Pharmacy will provide the remaining medication to the patient by mail order or courier delivery so that the patient is supplied a full course of therapy without interruption.

Send this completed form to Terrapin Pharmacy by email to [meds@terpsrx.com](mailto:meds@terpsrx.com) or by fax to 877-829-1925.

Date: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Patient DOB: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_

Delivery Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Patient Weight: \_\_\_\_\_ lbs Allergies: \_\_\_\_\_

### nPEP Medication Regimen

Number of days/doses of nPEP medication provided at facility:  1  3  5  7  28  
Other: \_\_\_\_\_

**Please check orders to be used:**

Truvada (Emtricitabine 200mg and Tenofovir DF 300mg) – 1 tablet PO daily for 28 days.  
 Isentress (Raltegravir 400mg) – 1 tablet PO every 12 hours for 28 days.  
 Tivicay (Dolutegravir 50mg) – 1 tablet PO daily for 28 day. (Avoid during first trimester/for women of child-bearing age)  
 Combivir (Zidovudine 300mg and Lamivudine 150mg) – 1 tablet PO every 12 hours for 28 days.  
 Stribild (Elvitegravir 150mg/Cobicistat 150mg/Emtricitabine 200mg/Tenofovir 300mg)- 1 tablet PO daily for 28 days.  
 Zofran (Ondansetron 4mg ODT)- 1 tablet every 12 hours PRN for nausea. Give 30 min prior to nPEP dose- Qty #15  
 Other: \_\_\_\_\_

Was a follow-up care referral made?  Yes  No  
If yes, provide referral location: \_\_\_\_\_

Provider Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Healthcare Facility: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Appendix B: Standalone nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)



Maryland Governor's Office of Crime Prevention, Youth, and Victim Services  
Sexual Assault Reimbursement Unit (SARU)  
100 Community Place, Crownsville, MD 21032

## nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

This form is to be submitted with an itemized bill, SARU SAFE Reimbursement Form, and UB-04 CMS-1450 or OMB-0938-1197 1500 form. Submit mandatory forms for reimbursement to the Sexual Assault Reimbursement Unit (SARU) within 90 days of the exam. Reimbursement claims are subject to the guidelines of the SARU.

All fields must be completed. Please provide a remittance address if it is different from the facility address.

### Patient Information

Patient's Full Name:   
(Last) (First) (Middle)

Patient's DOB:  Patient Medical Record Number:   
(mm/dd/yy)

Patient Age:  Patient Race:

Patient Gender:  Male  Female  Transgender  Other Patient Ethnicity:

Patient's Address:   
(County) (Zip Code)

Delivery Address:   
(If applicable) (Address) (City) (State) (Zip Code)

Date & Time of Sexually-Based or Sexually Related Crime:    
(mm/dd/yy) (Approximate Time)(AM/PM)

Location of Sexually-Based or Sexually Related Crime:   
(City/County/State)

A "sexually-based assault" includes any rape, sexual assault, or sexual child abuse as outlined in Maryland Criminal Law Articles 3-303 through 3-308.

### Healthcare Facility Information

Healthcare Facility Providing HIV Exposure Assessment & Treatment:

Facility Phone Number:  Facility Fax:   
(xxx) xxx-xxxx (xxx) xxx-xxxx

Billing Email Address:

Appointment Type:  Initial Examination  Follow Up Care

# Appendix B: Standalone nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)

## nPEP/HIV Prophylaxis Reimbursement Form Continued

Patient Name:

## nPEP/HIV Prophylaxis Treatment Authorization

I hereby authorize  and   
(Hospital/Healthcare Facility) (Qualified Healthcare Professional/Examiner)

to conduct an assessment of HIV exposure risk in accordance with current guidelines. Additional medical assessment and treatment may include a sexual assault forensic exam to gather information and evidence as to an alleged sexual assault. In addition, I hereby authorize the transmittal of the below list of forensic medical services and treatment rendered to me to the Criminal Injuries Compensation Board's Sexual Assault Reimbursement Unit (SARU) for the purpose of providing authority for the SARU to pay the physician, qualified healthcare provider, or hospital for the services rendered to me, including nPEP/HIV prophylaxis. I understand that I do not have to obtain a full Sexual Assault Forensic Exam (SAFE) in order to access the full course of nPEP/HIV prophylaxis treatment. Additionally, I understand that my personal information, including my medical chart, narrative of the assault, and photographs/video will not be disclosed as a requirement for the qualified healthcare provider to obtain reimbursement.

Signed:    
(Print Name) (Signature)

Relationship to patient:  Date:   
(self, guardian, authorized surrogate) (mm/dd/yy)

# Appendix B: Standalone nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)

## nPEP/HIV Prophylaxis Reimbursement Form Continued

Patient Name:

### Sexual Assault Forensic Exam Information

Did the patient receive nPEP treatment **without** having a SAFE exam?  Yes  No

If patient received a SAFE, Date of SAFE: \_\_\_\_\_ (mm/dd/yy)

Hospital where the patient received SAFE: \_\_\_\_\_

### Required Data

Was the patient assessed for exposure to HIV?  Yes  No

Did the patient qualify to receive nPEP?  Yes  No

Did the patient choose to receive nPEP?  Yes  No

Was a follow-up care referral made?  Yes  No

If yes, where: \_\_\_\_\_

Which payment option will be utilized for billing?

- Sexual Assault Reimbursement Unit
- Pharmaceutical patient assistance program
- Public/Private Health Insurance

If public/private health insurance is utilized, which insurance company? \_\_\_\_\_

### Laboratory Services

Pregnancy Test:  Serum  Urine (HCQ Qualitative Only)

Blood Panels:

- HIV rapid antigen/antibody:
- CBC
- CMP
- Hepatitis Panel

Other:

# Appendix B: Standalone nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)

## nPEP/HIV Prophylaxis Reimbursement Form Continued

Patient Name:

### nPEP Medication Regimen

Number of days/doses of nPEP medication provided at facility:  1  3  5  7  28  
 Other:

If less than a full 28-day regimen was supplied, where was the patient referred to obtain the balance of treatment?  
 Retail Pharmacy  Health Department  Hospital Pharmacy  HIV Clinic  Terrapin Pharmacy  
 Other

**CDC Recommended Regimens (2016):**  
*The National Clinician Consultation Center offers free non-occupational post-exposure prophylaxis consultation Mon-Fri 9 am to 8 pm EST and weekend and holidays 11 am to 8 pm. Call 888-448-4911 for more information.*

- Otherwise healthy adults and adolescents  $\geq$  13-years old : A 3-drug regimen of Truvada + Isentress OR Tivicay
- Adults and adolescents  $\geq$  13-years old with renal dysfunction (creatinine clearance  $<$ 59 mL/min): A 3-drug regimen of Combivir + Isentress OR Tivicay (dosages adjusted to degree of renal function)
- Children age 2-12 years old: A 3-drug regimen of Tenofovir DF, Emtricitabine, and Raltegravir, with dosages adjusted to age and weight
- Children age 4 weeks – 2 years old: A 3-drug regimen of Zidovudine, Lamivudine, and Raltegravir or Lopinavir/Ritonavir with dosages adjusted to age and weight

**Please check orders to be used:**

- Truvada (Emtricitabine 200 mg and Tenofovir DF 300 mg)
- Isentress (Raltegravir 400 mg)
- Tivicay (Dolutegravir 50 mg) (Avoid during first trimester or for women of child-bearing age)
- Combivir (Zidovudine 300 mg and Lamivudine 150 mg)
- Stribild (Elvitegravir 150mg, Cobicistat 150mg, Emtricitabine 200mg and Tenofovir 300mg)
- Zofran (Ondansetron 4 mg ODT)
- Other:

Was a follow-up care referral made?  Yes  No  
If yes, provide referral location:

Provider Name:  NPI:

Provider Signature:  Phone #:

### Medical Services

Physician/Qualified Healthcare Provider  
 Other medical:

# Appendix B: Standalone nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

For the most up to date computer and printer friendly forms please visit the [SARU website](#)



Maryland Governor's Office of Crime Prevention, Youth, and Victim Services  
Sexual Assault Reimbursement Unit (SARU)  
100 Community Place, Crownsville, MD 21032

## nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

If your facility is unable to provide a full course of therapy to the patient at the time of discharge, the Governor's Office of Crime Prevention, Youth, and Victim Services is collaborating with Terrapin Pharmacy to facilitate the process for sexual assault patients to receive this critical medication. Upon discharge, facilities should provide the patient with at least a 3 - 7 day dose of nPEP medication, and then Terrapin Pharmacy will provide the remaining medication to the patient by mail order or courier delivery so that the patient is supplied a full course of therapy without interruption.

Send this completed form to Terrapin Pharmacy by email to [meds@terpsrx.com](mailto:meds@terpsrx.com) or by fax to 877-829-1925.

Date: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Patient DOB: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_  
(mm/dd/yy) (###) ###-####

Delivery Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Patient Weight: \_\_\_\_\_ lbs Allergies: \_\_\_\_\_

### nPEP Medication Regimen

Number of days/doses of nPEP medication provided at facility:  1  3  5  7  28  
 Other: \_\_\_\_\_

Please check orders to be used:

Truvada (Emtricitabine 200 mg and Tenofovir DF 300 mg) – 1 tablet PO daily for 28 days.

Isentress (Raltegravir 400 mg) – 1 tablet PO every 12 hours for 28 days.

Tivicay (Dolutegravir 50 mg) – 1 tablet PO daily for 28 days (Avoid during first trimester/women of child-bearing age)

Combivir (Zidovudine 300 mg and Lamivudine 150 mg) – 1 tablet PO every 12 hours for 28 days.

Stribild (Elvitegravir 150 mg/Cobicistat 150 mg/Emtricitabine 200 mg/Tenofovir 300 mg)- 1 tablet PO daily for 28 days.

Zofran (Ondansetron 4mg ODT)- 1 tablet every 12 hours PRN nausea. Give 30 min prior to nPEP dose- Qty #15

Other: \_\_\_\_\_

Was a follow-up care referral made?  Yes  No

If yes, provide referral location: \_\_\_\_\_

Provider Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Healthcare Facility: \_\_\_\_\_ Fax#: \_\_\_\_\_  
(###) ###-####

Provider Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Appendix C: nPEP Guidance Document for SAFE Nurses and Billing Departments

To access the original announcement and links within the document visit the [SARU Program for Prevention Human Immunodeficiency Virus \(HIV\) Infections for Rape Victims](#) → and select [“nPEP Guidance”](#)



### GOVERNOR'S COORDINATING OFFICES

Community Initiatives · Service & Volunteerism · Performance Improvement  
Crime Prevention, Youth, & Victim Services · Small, Minority, & Women Business Affairs  
Banneker-Douglass Museum · Volunteer Maryland · Deaf & Hard of Hearing

Date: December 11, 2020

To: Maryland Hospital SAFE Programs and Billing Departments

From: The Governor's Office of Crime Prevention, Youth, and Victim Services - Sexual Assault  
Reimbursement Unit (SARU)

Re: Non-occupational Post-exposure Prophylaxis (nPEP) Pilot Program Guidance for Victims  
of Sexual Assault

Greetings,

This document is to provide guidance as it pertains to the protocols for administration and billing for the medical care, medication, and follow-up care for sexual assault victims who meet the [Centers for Disease Control and Prevention's \(CDC\) criteria](#) and the [National Clinicians Consultation Centers criteria](#) for the administration of the nPEP Pilot Program to assist in the prevention of contracting HIV.

**Eligibility:** Any victim of sexual assault who meets the CDC guidelines for nPEP is eligible to receive the medications free of charge. Patients are **not** required to have a SAFE exam, but the proper nPEP billing form must be submitted. Forensic Nurse Examiners and healthcare providers seeking information or assistance prescribing nPEP can contact the National Clinician Consultation Center Post-Exposure Prophylaxis Hotline at 1-888-448-4911. Hotline hours are Monday – Friday from 9 am - 8 pm EST and from 11 am – 8 pm EST on weekends and holidays.

**Important to Know:** There are additional steps in the reimbursement process for the nPEP Pilot Program that differ from the standard reimbursement process for a SAFE exam. Please read the following Pilot Program protocol carefully.

GOVERNOR'S COORDINATING OFFICES  
100 COMMUNITY PLACE  
CROWNSVILLE, MD 21032-2023

## Appendix C: Non-occupational Post-exposure Prophylaxis (nPEP) Pilot Program Guidance for Victims of Sexual Assault

### **Protocol:**

#### **1. Protocol if a full course of therapy is available at your facility:**

If the patient is treated at a hospital, doctor's office, clinic, or other medical facility that stocks a full course of nPEP therapy that can be provided to the patient at the time of discharge, the medication should be dispensed to the patient and a reimbursement claim for the full course of the medication can be submitted to the Sexual Assault Reimbursement Unit (SARU) using the nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form. These claims are submitted to the SARU in the same manner as claims for sexual assault evidence collection and the related medical care.

#### **2. Protocol if your facility is unable to supply a full course of nPEP therapy:**

If your facility is unable to provide a full course of therapy to the patient at the time of discharge, there are options to assist the patient in obtaining this medication. The Governor's Office of Crime Prevention, Youth, and Victim Services is collaborating with Terrapin Pharmacy to facilitate the process for sexual assault patients to receive this critical medication. Upon discharge, facilities should provide the patient with at least a 3 - 7 day dose of nPEP medication, and then Terrapin Pharmacy will provide the remaining medication to the patient by mail order or courier delivery so that the patient is supplied a full course of therapy without interruption. The process must work as follows:

1. Complete the nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form in its entirety and send it to Terrapin Pharmacy by email to [meds@terpsrx.com](mailto:meds@terpsrx.com) or by fax to 877-829-1925.
2. Be sure to indicate the number of days of medication supplied to the patient while at your facility so that Terrapin Pharmacy knows how many remaining days of medication to provide the patient.
3. Be sure to verify the patient address for delivery of the medication, and a valid phone number in the event of any issues.
4. Provide the patient with the Terrapin nPEP contact sheet in case of any issues or questions.

Terrapin Pharmacy  
410-919-0103 (Office)  
877-829-1925 (Fax)  
[meds@terpsrx.com](mailto:meds@terpsrx.com)

## Appendix C: Non-occupational Post-exposure Prophylaxis (nPEP) Pilot Program Guidance for Victims of Sexual Assault

### **3. Protocol for nPEP related follow-up care:**

Facilities providing follow-up care to victims of sexual assault for nPEP related testing and screening should use the nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form and check “follow-up care” and submit the form for reimbursement to the SARU. Reimbursement for follow-up care by the SARU is allowed within 180 days from the date of exposure.

#### **FAQs:**

#### **1. How do I submit an nPEP claim to the SARU for reimbursement?**

A. Claims should be submitted to the SARU at:

Governor's Office of Crime Prevention, Youth, and Victim Services  
Sexual Assault Reimbursement Unit (SARU)  
100 Community Place  
Crownsville, Maryland 20132

You must include the nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form, payment sheet, and an itemized charge sheet.

If you have never submitted for reimbursement to the SARU, please submit a W-9, including a payment address if different from address on W-9, and all required claim information stated above to the SARU.

#### **2. What if I forget to have the patient sign the nPEP form?**

A: It is critical that the patient sign the form.

As a very rare exception, the SARU will accept a SAFE nurse’s signature along with that of a witness. It is critical that the proper protocol is followed and a patient signature is obtained as a general practice.

#### **3. Are electronic physician signatures allowed?**

A: Yes.

#### **4. What if Terrapin Pharmacy is being utilized for medication fulfillment and I forget to send the form to Terrapin?**

A: Email or fax the form immediately and call Terrapin to notify them. The patient should also be contacted so that everyone can work together to ensure that the patient receives the medication immediately.

## Appendix C: Non-occupational Post-exposure Prophylaxis (nPEP) Pilot Program Guidance for Victims of Sexual Assault

### **5. What if the patient cannot receive, or is afraid to receive the medication by mail or courier?**

A: If a patient cannot or refuses to receive medication by mail or by courier, the patient can be provided with a prescription to take to fill at a retail pharmacy. Retail pharmacies would provide patients with a supply of the medication as indicated on the prescription from the clinician, which would leave patients with excess medication. We ask that the use of retail pharmacies be an absolute last resort to eliminate waste so that we can provide coverage for as many victims as possible. Please explore the following options with the patient before resorting to the use of a retail pharmacy:

1. Using a friend or family member's address for delivery.
2. Using a local rape crisis center for medication delivery.

### **6. Can a patient utilize their own insurance for the medication?**

A: Yes. Patients can choose to utilize their insurance for the medication if they would like to. SAFE nurses should provide this information to patients, but emphasize that they do not have to utilize their own insurance and that the SARU can be billed. If a patient chooses to utilize their own insurance for nPEP therapy, the patient can be provided with a prescription to take to the retail pharmacy of their choosing if the hospital is unable to provide the full course of therapy. Terrapin Pharmacy is also able to fill prescriptions using a patient's insurance.

### **7. Can a patient use a manufacturer's Patient Assistance Program?**

A: Yes. Based on eligibility, the patient may qualify to participate in a program where he or she could receive the medication at no cost. Links to the patient assistance programs for the major manufacturers are below.

- For Truvada: (Tenofovir + Emtricitabine)  
Gilead (800) 226-2056  
[www.gileadadvancingaccess.com](http://www.gileadadvancingaccess.com)
- For Isentress: (Raltegravir)  
Merck (800) 850-3430  
[www.merckhelps.com](http://www.merckhelps.com)
- For Tivicay: (Dolutegravir)  
ViiV Healthcare: (877) 784-4842  
[www.viivhealthcareforyou.com](http://www.viivhealthcareforyou.com)
- Common PAP Application (HIV):  
[https://targethiv.org/sites/default/files/supporting-files/Common\\_PAP\\_form\\_fillable\\_2019.pdf](https://targethiv.org/sites/default/files/supporting-files/Common_PAP_form_fillable_2019.pdf)

## Appendix C: Non-occupational Post-exposure Prophylaxis (nPEP) Pilot Program Guidance for Victims of Sexual Assault

### **8. Can a patient receive nPEP medication without obtaining a SAFE exam?**

A: Yes. The facility will determine if the patient qualifies for nPEP therapy, regardless of the patient obtaining a SAFE exam.

### **9. What is covered under follow-up care?**

A: Follow-up care for nPEP-related care is covered up to 180 days from the date of exposure. If a patient should require additional services, or if they contract HIV after completing the 28-day nPEP medication, the patient should contact a local health department, federally qualified health center or an HIV clinic. Some local health departments offer regional navigator programs that offer education on PrEP, screen for eligibility for the medication, screen for insurance coverage and assist patients with obtaining insurance coverage. A list of providers in Maryland that provide PEP can be found at <https://www.prepmaryland.org/find-a-provider/>. A list of all local Maryland health departments can be found at <https://health.maryland.gov/Pages/departments.ASPX>.

At the time of receiving an HIV-positive diagnosis, the patient should seek wrap-around services and case management services from a local health department or HIV clinic. The SARU is designed to reimburse for evidence collection, and not comprehensive medical care.

### **10. Where can patients find out more information on nPEP therapy and resources for nPEP or advocacy services?**

A: Patients can utilize the Maryland Coalition Against Sexual Assault's Patient Guide to nPEP at: [https://mcase.org/assets/files/patient\\_npep\\_info\\_guide\\_updated\\_Nov\\_2020.pdf](https://mcase.org/assets/files/patient_npep_info_guide_updated_Nov_2020.pdf).

### **11. What if the patient has questions or concerns about the medication?**

A. If the individual has questions concerning the medications they should contact the entity that provided the medication. If the medication was received from Terrapin Pharmacy, he or she can contact Terrapin Pharmacy by email at [meds@terpsrx.com](mailto:meds@terpsrx.com) or leave a detailed voicemail at (410) 919-0103. A pharmacy team member will return the call as soon as possible. If the individual believes that they are having a severe or life-threatening reaction (allergic, shortness of breath) call 911.

## Appendix C: Non-occupational Post-exposure Prophylaxis (nPEP) Pilot Program Guidance for Victims of Sexual Assault

### **12. What if a healthcare provider or forensic nurse examiner has questions about HIV risk and prescribing nPEP?**

A: Providers seeking information or assistance prescribing nPEP can contact the National Clinician Consultation Center (NCCC) Post-Exposure Prophylaxis Hotline at 1-888-448-4911. Hotline hours are Monday – Friday from 9 am – 8 pm EST and from 11 am – 8 pm on weekends and holidays. The NCCC references [these resources](#) for clinicians needing to make decisions outside of their hours of operation. A toolkit is also available at:

<https://aidsetc.org/resource/non-occupational-post-exposure-prophylaxis-npep-toolkit>

### **13. If a provider prescribed nPEP based on their discretion, is reimbursement provided in accordance with updated guidelines?**

A: Based on national best practices and/or patient’s level of risk, clinicians can provide justification for prescribing the medication.

### **14. How is the Pilot Program being evaluated?**

A. The Pilot Program will be evaluated quarterly by all core stakeholders to ensure it is meeting the needs of victims in the most efficient and effective manner. If providers would like to be involved in this evaluation process, please provide your email address to the SARU at [saru.claims@maryland.gov](mailto:saru.claims@maryland.gov).

### **15. Can providers submit claims via courier?**

A. Please do not submit claims via courier as staff are primarily teleworking during the Coronavirus Disease 2019 pandemic.

### **16. How can I contact the SARU if I have any billing questions?**

A. For questions, please contact the SARU at [saru.claims@maryland.gov](mailto:saru.claims@maryland.gov).

## Appendix D: Patient Guide to nPEP

For the most up to date Patient Guide to nPEP visit MCASA's ["Getting Medical Attention" webpage](#).



# Patient Guide to nPEP

## What is nPEP?

Non-occupational HIV prophylaxis, also known as non-occupational post-exposure prophylaxis (nPEP), is a medication that can be prescribed to patients to reduce the chances of developing HIV after potential exposure to the disease.

nPEP must be started **within 72 hours (3 days)** after exposure, which can occur through sexual assault or rape, and taken **consistently** for 28 days to be effective.



## Is nPEP right for you?

nPEP may not be prescribed to every patient receiving a sexual assault forensic exam (SAFE). There are a number of factors your health care professional will consider before prescribing the medication. Those factors may include, but are not limited to:

- Physical trauma such as bleeding or tearing
- Site of penetration (vaginal, oral, or anal)
- Pre-existing medical conditions or pregnancy status
- Potential HIV status of the offender

Some patients do experience side effects when taking nPEP. Speak with a healthcare professional or HIV Patient Navigator if you have questions about your health or experience any of the following side effects:

- Gastrointestinal side effects (nausea, vomiting, diarrhea)
- Headache
- Fatigue or Insomnia

Your health care provider may schedule a follow-up appointment within several days to evaluate your tolerance of the medication. It is important that you attend this appointment.

Do your best to not stop taking the medication without first discussing it with a health care professional.

## How effective is nPEP?

nPEP can be effective in preventing HIV, but it does not work 100% of the time.

The medication's effectiveness is increased when taken consistently and requires following medication directions, including taking the entire course of prescribed medication.

Be sure to follow medication instructions as accurately as possible. If you have questions or concerns, your Forensic Nurse Examiner, health care professional, or HIV Patient Navigator are available to help. If you are unsure who to contact, an advocate with your local Rape Crisis Center will help ensure you have the information you need.



Last Updated 09/24/21

## Appendix D: Patient Guide to nPEP

For the most up to date Patient Guide to nPEP visit MCASA's ["Getting Medical Attention" webpage](#)



# Patient Guide to nPEP

## What is the cost of nPEP?

As of October 1<sup>st</sup>, 2019, the law requires that the State pay for a full course of nPEP medication for survivors of rape and sexual assault that are deemed at risk for contracting HIV. You may elect to use your healthcare insurance to cover the medication cost, but you have the right to refuse the use of your insurance. For some patients, this will help protect privacy. You may also elect to participate in a manufacturer's financial assistance program. Some manufacturers offer the medication at little or no cost for those qualify.

Your HIV Patient Navigator, or Forensic Nurse Examiner, or health care provider are available to assist you in this process. This includes any questions you may have about the treatment, cost, and reimbursement.

Maryland is aiming to ensure that no survivor of sexual assault is denied access to nPEP due to cost concerns.

## Resources

If you are a survivor seeking information on nPEP or advocacy services, the following resources are available:

- Find your **local Rape Crisis Center**:
  - Call **211** or visit MCASA's website at [mcasa.org](http://mcasa.org) and navigate to Survivors Seeking Help → Find A Rape Crisis Center.
- For more information on where to get a SAFE and access to nPEP:
  - Visit MCASA's website at [mcasa.org](http://mcasa.org) and navigate to Survivors Seeking Help → Getting Medical Attention.
- For information on the Maryland Governor's Office of Crime Prevention, Youth, and Victim Services and associated programs:
  - Visit [goccp.maryland.gov](http://goccp.maryland.gov)
- To learn more about the Sexual Assault Reimbursement Unit and the nPEP Program:
  - Visit [goccp.maryland.gov/victims/saru](http://goccp.maryland.gov/victims/saru)



Last Updated 09/24/21

## Your Rights

For questions about crime victim's rights and your right to nPEP, when deemed medically appropriate, contact the **Sexual Assault Legal Institute at 301-565-2277.**

For questions regarding reimbursement and assistance in the process, please contact the **Maryland Coalition Against Sexual Assault at 301-328-7032.**

## Appendix E: Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process

For the most up to date and customizable version of this form visit [www.mcasa.org](http://www.mcasa.org) “For Providers” → “For Professionals & 1<sup>st</sup> Responders” → “[Nursing & Medical](#)”

*Patient label*

*Insert your hospital logo here*

### Understanding Your Options:

#### An Overview of the Sexual Assault Forensic Exam Process

You have presented to a Maryland Sexual Assault Forensic Exam (SAFE) Program with concerns of sexual assault or abuse. As a patient seeking medical forensic care, you have several options which include a forensic exam and reporting the sexual assault to law enforcement.

A sexual assault forensic exam contains the component listed below. **You are not required to participate in all portions of the exam and may decline completion of any individual component. You may withdraw consent for any part of the exam at any time.**

Exam components are listed below:

<p><b>EXAM COMPONENTS:</b></p> <p>Medical History</p> <p>Assault History</p> <p>Medical Care and Treatment</p> <p>Toxicology Testing</p> <p>Physical Examination</p> <p>Photographs of Body and/or Genitals</p> <p>Collection of Evidence</p>
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#### REPORTING OPTIONS:

It is important to know that in the State of Maryland some cases, such as those directly or indirectly involving a minor child, vulnerable adult, use of a lethal weapon, moving vessel, and other circumstances that meet mandatory reporting criteria, we are required to file a report with law enforcement and/or child or adult protective services. You will be informed if your care provider is mandated to report the assault or abuse and the collection of evidence and/or

## Appendix E: Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process

an exam by a licensed forensic nurse examiner (FNE) will not be collected without your express consent, regardless of your age.

The following information outlines your options for medical forensic care and reporting to law enforcement. Please review these options carefully. An informed FNE is available to answer any questions or concerns you may have.

### **A. MEDICAL EXAM:**

With this option, there will be no police involvement and evidence of the assault will **NOT** be collected. However, you will receive medical attention, care, and any necessary medication without reporting the assault or abuse to the police. A victim advocate will be offered to provide support and accompaniment during this process. Additional referrals for support services, such as counseling, may be made by the victim advocate.

This option includes, but is not limited to, the following:

- A complete medical exam;
- Consultation with an FNE;
- Medication to prevent pregnancy and sexually transmitted infections.

### **B. MEDICAL FORENSIC EXAM with REPORTING TO LAW ENFORCEMENT:**

If you decide to select this option, you are choosing to report the sexual assault to law enforcement for criminal investigative purposes. You will receive a sexual assault forensic exam and medical care for injuries related to the assault free of charge.

You can expect the following events to take place:

- Police will be notified that you are reporting a sexual assault or sexual abuse
- A victim advocate will be available to provide support and accompaniment
- A complete medical exam
- Medication to prevent pregnancy and sexually transmitted infections
- A sexual assault forensic exam conducted by an FNE or physician
- Evidence will be provided to the police within the next 30 days
- Potential completion of DNA testing and analysis
- Communication with the police, victim advocate, and State's Attorney's Office.

If you choose this reporting option, your sexual assault evidence kit will be considered for DNA testing and analysis. You have the right to be informed by the investigating law enforcement agency regarding the decision to test your kit and the results of said

## Appendix E: Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process

testing. You can request this information, at any time during the investigation, by contacting the appropriate agency.

Please see MCASA document *“Your Sexual Assault Evidence Kit: Know Your Rights”* for more information on Maryland laws and policies regarding the testing, retention, and destruction of sexual assault evidence kits.

### **C. MEDICAL FORENSIC EXAM with ANONYMOUS REPORTING:**

The Anonymous reporting option was established to provide victims of sexual assault that may not want to file a police report immediately, but who may choose to report to the police at a later date, with the opportunity to have evidence collected.

With this option you will have the opportunity to receive all components of a sexual assault forensic exam, including the collection of evidence free of cost and without immediately reporting the sexual assault to law enforcement and your identity will remain confidential until you choose to engage the police.

If you choose this option, you can expect the following to take place:

- A victim advocate will be available to provide support and accompaniment
- A complete medical exam
- Medications to prevent pregnancy and sexually transmitted infections
- A sexual assault forensic exam conducted by an FNE or physician

After the completion of your exam and collection of evidence, the police will be notified that an **anonymous exam** was completed, and the evidence will be transferred to law enforcement for storage within 30 days of the exam. Law enforcement will not receive any of your personally identifiable information and at no point in time will you be required to speak with an officer.

Your sexual assault evidence kit will be stored by law enforcement for a minimum of 20 years, per state law, or in accordance with the legally mandated timeframe established by the jurisdiction in which the event took place, whichever is longer. If you choose to report the sexual assault during this timeframe you may contact the police at any time.

## Appendix E: Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process

It is at this time that your name and identifying information will be available to the investigating law enforcement agencies.

Making the decision to report the sexual assault to law enforcement may be difficult and complex. You should be aware that the sooner the sexual assault is reported to police, the sooner they can collect evidence from the crime scene that otherwise may be lost and speak to potential witnesses if necessary. This may assist in the prosecution of a potential criminal case. If you need support in making the decision to report to law enforcement, you can contact your local Rape Crisis Center to speak with an advocate.

If you choose not to report the sexual assault during the 20-year retention period but would like to request that your kit be stored longer, you can contact the Sexual Assault Legal Institute at 301-565-2277 to discuss your options.

By signing below, you are consenting to the Anonymous Reporting program.

I, \_\_\_\_\_, have been counseled  
(First and last name)

regarding the Anonymous Reporting program and fully understand that by not reporting the sexual assault to police at this time, crime scene evidence may be lost that may jeopardize the future investigation and prosecution. I understand that I can contact law enforcement at any time during this 20-year minimum timeframe to report the sexual assault or abuse and pursue a criminal investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

### CONTACTING LAW ENFORCEMENT

The contact information for the law enforcement agency responsible for the testing, retention, and destruction of your sexual assault evidence kit is provided below. You may contact this agency for information about the testing, retention, and destruction of your sexual assault evidence kit. Upon receiving your request for the responsible law enforcement agency has 30 days to provide the requested information.

If you have chosen the “anonymous” reporting option, this agency is responsible for the storage of your sexual assault evidence kit for a minimum of 20 years. If you chose to report the sexual assault or abuse to law enforcement during this timeframe, you will need to contact the below

## Appendix E: Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process

law enforcement agency to report the sexual assault or abuse. Please use the below contact information, and case identifier, for reporting purposes.

<b>Contact Information for Investigating Agency</b>	
Law Enforcement Agency:	_____
Phone number:	_____
Officer (if known):	_____
Case Identifier:	_____

### **ADDITIONAL SERVICES**

The following information outlines additional services and care that you may be eligible for.

#### **HIV TESTING AND COUNSELING:**

Today, you will be counseled on your risk of acquiring HIV and other infectious diseases as part of your Sexual Assault Forensic Exam. You have the right to receive preventative medication, known as nPEP. If you are deemed to be at risk and in need of preventative care, your healthcare provider will discuss treatment instructions and care. You are not required to provide your health insurance information or personal information to a payment assistance program in order to receive this treatment. The medication, and follow-up care, including labs, provided up to 180 days after your initial visit, is provided free of cost.

If you are reporting to police that you have been sexually abused or assaulted, you have the right to request that the reported perpetrator be tested for HIV and the results provided to you. In order for the State's Attorney's Office to make this request of the court, the accused person must be charged by the police department. If you are interested in making this request, the FNE working with you can make a referral to the local State's Attorneys' office or appropriate service provider, such as the local certified Rape Crisis Center, the local Sexual Assault Response Team, or law enforcement agency investigating the assault, to complete this process.

## Appendix E: Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process

### D. FOLLOW-UP CARE:

You have the right to have follow-up care for health-related concerns including, but not limited to, injuries related to the sexual assault up to 90 days after the initial medical forensic exam and HIV prophylaxis, follow-up care, and associated laboratory services up to 180 days after the sexual assault paid for by the Maryland Sexual Assault Reimbursement Unit .

#### **Follow-up Appointments**

- I would prefer to follow-up with my primary care provider or other health care provider
- I would prefer that the hospital make a referral for follow-up care:

Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Appointment Date/Time (if applicable): \_\_\_\_\_

## Appendix E: Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process

### PATIENT ACKNOWLEDGMENT:

By signing below, you acknowledge that you have reviewed the above information regarding medical forensic care, reporting sexual assault or abuse to law enforcement, follow-up care, and other related services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First and Last Name) (MM/DD/YYYY)

Relationship to Patient: \_\_\_\_\_  
(self, guardian, authorized individual)

### FOR STAFF USE ONLY:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(staff/witness) (MM/DD/YYYY)

Copy Provided to Patient:  Yes  No

