



Office of Victim Services

KITS Training Attestation

I, the undersigned, attest that I have completed the KITS training by watching the KITS training videos, reviewing the KITS Hospital User Manual, and reviewing the OVS SOECK Training document.

I also understand and agree that access to KITS requires adherence to a strict policy of confidentiality regarding any and all data obtained, including identifying information concerning a victim of crime. I understand and agree that any breach of confidentiality related to KITS access, sexual assault survivors' privacy rights, and/or the unlawful release of medical information shall be pursued criminally and civilly to the fullest extent of the law.

Date of Agreement:

Signature:

User Access Information:

Email Address:

First and Last Name:

Hospital or Medical Facility Name:

Address:

City, State, Zip:

User Role Requested:

Hospital User – ability to enter kit intake information, change item status, view reports

Hospital Admin User – additional ability to add or edit Examiners, Hospital Storage Locations