
DCFS Guardian Protocol for Sexual Assault Patient Consent and Chain of Custody Form – ISP 6-003
Guidance for Qualified Medical Providers
10/5/26

- Qualified Medical Providers (QMP) are to call the Consent Unit Hotline to request consent for a sexual assault exam and evidence collection
 - DCFS Consent Unit Hotline (800) 828-2179, 9:00 am - 4:30 pm Monday through Friday
 - For after-hours emergency consents, call (866) 503-0184
- QMPs should not send the ISP 6-003 form or similar to the DCFS Guardian's Office via email, fax or the portal
- When a consent agent receives a call requesting consent for a sexual assault exam and evidence collection, the consent agent shall:
 - Request information from QMP:
 - youth's name and DOB
 - QMP's name, title, and phone number
 - medical facility name
 - Verify the legal status of the youth
 - If the DCFS Guardian **has not** been appointed temporary custodian or guardian by the court, complete the following steps:
 - Inform the provider that no consent can be given because of the legal status
 - Document the call on the hotline tracking sheet
 - If the DCFS Guardian **has been** appointed by the court as temporary custodian or guardian
 - Inform QMP that the agent will immediately contact the DCFS Guardian and Assistant Guardian
 - The QMP will receive a call back ASAP
 - DCFS Guardian/Assistant Guardian will call the QMP & complete these next steps:
 - Verify why the youth is unable to consent on their own behalf
 - Once it is verified that the youth cannot consent on their own behalf, QMP will initiate the two-person authentication to request verbal consent. The consent or denial of consent will be written on the consent form ISP 6-003 by the QMP
 - Request that the completed form will be sent to the Guardian's Office via email (DCFS.OrdinaryRoutineConsentMailbox@Illinois.gov) or fax (312/793-3546)