



CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TESTING

I have been asked to have my blood tested for antibodies to the HIV (Human Immunodeficiency Virus). It has been explained to me that the test is for HIV infection; it is not a test for AIDS. I have been provided information with the following details about HIV testing:

- HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or while breastfeeding.
• There are treatments for HIV/AIDS that can help individuals stay healthy.
• Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV.
• Testing is voluntary and can be done anonymously at a public testing center.
• The law protects the confidentiality of HIV test results and other related information.
• The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
• The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms.

If I do have antibodies to the virus (a POSITIVE test), this means that I have been infected with the virus. If I do not have antibodies (a NEGATIVE test) but am in a group of people who are at risk for AIDS (people who have had multiple sex partners or who share needles when using drugs), this does not mean that I will not become infected in the future. In fact, I may already be infected but have not yet had time to develop antibodies.

If I have a positive test, I should explain this to all sexual partners (old, new and existing). If I am unable to tell my spouse or any other sexual partner whom I have identified, my doctor or counselor may do so but only to protect their health. My case will be reported to public health agencies. However, the public health staff may only use or give out the information for the public health's purpose for which it was given. Otherwise, the information will not be released except in the following situations without my written permission; a court order; a medical emergency; for research; Congressional oversight; for audit purposes; to my insurance company for payment purposes; or for medical treatment provided to me by PRMC.

Even though I understand every effort will be made to protect the results of my test, I also understand that disclosure of a positive test result can lead to discrimination in housing, jobs and other areas in some communities.

I have been counseled about the HIV Test and have been given a chance to ask questions. I understand what a positive and a negative test means. I understand that the test is voluntary and that I will still receive care from PRMC if I refuse to have the test done.

[] I give my permission to be tested for HIV

PATIENT/PARENT/GUARDIAN SIGNATURE

DATE

WITNESS

DATE

[] At this time I do not want to be tested for the HIV

PATIENT/PARENT/GUARDIAN SIGNATURE

DATE

WITNESS

DATE