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Consent for HIV blood test

Check one box:

☐ I have read the HIV pamphlet, and I have had my questions answered.

☐ Although I have not read a pamphlet on the HIV Test, I have had the opportunity to discuss the test and I have had my questions answered.

☐ I have freely decided to take a blood test in order to determine whether I have been infected with the human immunodeficiency virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS).

HIV Infection

I understand that HIV infections can cause a broad range of medical conditions. Some persons who are HIV infected have no symptoms of disease and are able to work for a number of years. However, it appears that in a large number of cases, HIV infection will at some point damage a person's immune system, making the person unable to fight off other infections and diseases. When a person's immune system becomes so weak that he or she suffers certain serious or fatal illnesses, it is said that the person has AIDS. I understand that being HIV infected does not mean that I have AIDS. I understand that my doctor must look at a number of factors to decide if an AIDS diagnosis is appropriate.

Nature and Accuracy of HIV Test Results

I understand that HIV test results are very accurate when a good laboratory performs several tests on my blood sample. I understand that confirmed "positive" test results mean that I probably have HIV infections and that I should consider myself able to infect other people. However, very rarely, even a series of tests can be wrong and make it seem that I am infected when I am not. In that case, the HIV test series should be repeated later.

I understand that a "negative" test results means that I probably do not have HIV infections. However, I understand that if I have recently been infected with HIV, it may take several weeks or months before my blood will show signs of HIV infections; during that time I can infect other people. Therefore, if my test result is negative, I may need to be retested in 6 months to confirm that I have not been infected. I also understand that even if I test negative now, if I do things ("high risk" activities) that can expose me to HIV infection, I can still become infected in the future. I understand that if I may have exposed myself to infections since I was tested, I should be tested again.

Benefits of Taking the HIV Rest

I understand the benefits of taking the test. Having the test results will help my physician to decide what kind of medical treatment I need. If my test results are positive, I will know that I should take steps to protect other person from my infections, and I will be able to make decisions about my future health care and other personal matters.

Confidentiality of HIV Test Results

I understand that, under California law, my physician cannot tell anyone what my HIC test results are without my specific written consent, except in a very few situations. My physician can tell my other health care providers about my test results. In addition, if I am HIV infected and I refuse to inform any persons(s) whom I may infect (or may have infected) with the virus, my physician or the county health officer has the legal right to warn such person(s) that may have been exposed to HIV. I understand that I must be notified before such persons are warned, although my consent is not needed in order for them to be contacted. (Note: Different rules apply if you are in a jail, prison, or other correctional institution.)

I understand that if I have any questions about the nature of the blood test, and its expected benefits and risks, I may ask those questions before I decide to consent to the blood test.

By signing this form I agree that I have been given the information I need to decide whether to take the HIV test and have had my questions answered. I also agree that I have given consent for my blood to be tested for HIV infection.

Patient Signature *Date* *Guardian (see footnote)*

After reading this I decline HIV Testing:

Signature *Date* *Witness*

A person other than the patient may sign this consent <u>only if</u> all 3 of the following circumstances exist: Health and Safety Code Section 199.27

1. The patient is under twelve (12) years of age or, as a result of his/her physical/mental condition, is not able to consent to the HIV blood test; <u>and</u>
2. The person consenting to the test for the patient is lawfully authorized to make health care decisions for the patient – e.g. a person appointed by the patient to make health care decisions under the Durable Power of Attorney for Health Care; the parent or guardian of a minor; a conservator who has been authorized by a court to make health care decisions for the patient; or under appropriate circumstances, the patient's closest available relative; <u>and</u>
3. The patient's HIV test results are needed in order to provide appropriate care to the patient or to prevent the infection from being passed on to others.