

EXAMINER _____ INSURER _____
ADDRESS _____ ADDRESS _____

NOTICE AND CONSENT FOR BLOOD TESTING
WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING

To determine your insurability, the insurer named above ("the insurer") has requested that you provide a sample of your blood for testing and analysis. All tests will be performed by a licensed laboratory.

The AIDS-related virus (HIV) antibody test detects the presence of antibodies, naturally occurring proteins in the blood produced by the body in response to the AIDS-related virus, by using a simple blood test. This is **not** a test for AIDS. The test does not tell you if you have AIDS or an AIDS-related condition (ARC); it does show whether you have been infected with the virus that can cause AIDS. This test is extremely reliable. Other tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes and immune disorders. Many public health organizations have recommended that before taking a test to determine the probable causative agents of AIDS, a person should seek counseling in order to become informed concerning the implications of such a test. In the event the test result is positive, we urge you to contact a private physician, the county department of health, local medical societies, or alternative test sites for appropriate counseling at your expense, subsequent to being tested. A listing of public and private health care facilities providing such counseling is attached.

Positive HIV antibody/antigen test results do not mean that you have AIDS but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody or antigen test results or other significant blood abnormalities will adversely affect your application for insurance. This means that your application may be declined.

All test results will be treated confidentially. They will be reported by the laboratory to the insurer. If the insurer is a member of the Medical Information Bureau ('MIB, Inc. '), and if the test results for HIV antibodies/antigens are other than normal, the insurer will report to the MIB, Inc., a generic code which signifies only a nonspecific blood test abnormality. The generic code may also be disclosed to any member company that receives an Application for health or life insurance on your life. Other insurers to whom you may apply for insurance in the future will probably require an HIV-related test when they discover that a nonspecific blood disorder has been reported. If your HIV test is normal, no report will be made about it to the MIB, Inc. Other test results may be reported to the MIB, Inc. in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the test have been done except as may be required or permitted by law or as authorized by you.

If your test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal you will be notified. Because a trained person such as your physician should deliver that information so that you can understand clearly what the test result means, it is important that you list your private physician so that the insurer can have that person tell you the test result and explain its meaning. In the event you do not designate a physician, the insurer will contact you. The insurer urges you to seek counseling as instructed above.

Physician _____ Address _____

I have read and I understand this Notice and Consent for Blood Testing Which May Include HIV Antibody/Antigen Testing. I voluntarily consent to the withdrawal of blood from me by needle, the testing of blood and the disclosure of the test results as described above. I understand that I have the right to request and receive a copy of this authorization. A photocopy or transmitted facsimile of this form will be as valid as the original.

Name of Proposed Insured _____ Date of Birth _____

Signature of Proposed Insured or Parent/Guardian _____ Date _____

Test Consent Form Counseling Resources

Pursuant to California Assembly Bill 3305, (California Insurance Code § 799 eff. 1/1/89), we are obligated to provide this list of counseling resources prior to obtaining consent for HIV-antibody testing. This list of resources has been compiled from a list provided by the California Department of Health Services/Office of AIDS (DHS/OA). The DHS/OA has contracts with numerous counties and clinics throughout California to provide HIV testing, education and information.

SOUTHERN CALIFORNIA

Kern County Health Dept.
1700 Flower Street
Bakersfield, CA 93305
(805) 861-3651 Ext. 462

The Center
2017 East 4th Street
Long Beach, CA 90714-1001
(213) 427-7421

The Edleman Center
1213 North Highland Avenue
Los Angeles, CA 90038
(213) 464-7400

Ruth Temple Health Center
3834 Western Avenue
Los Angeles, CA 90062
(213) 730-3838

Edward R. Roybal
Comprehensive Health Center
245 South Fetterly Avenue
Los Angeles, CA 90022
(213) 260-3035

Riverside Health Center
1520 Linden Street
Riverside, CA 92507
(714) 787-2042

San Bernardino County
Health Department
799 East Rialto Avenue
San Bernardino, CA 92415-0010

Santa Barbara Health Serv.
315 Camino Del Remedio
Santa Barbara, CA 93110
(805) 681-5260

Ventura Co. Health Dept.
3147 Loma Vista Road
Ventura, CA 93003
(805) 652-5928

Valley Community Clinic
5648 Vineland Avenue
North Hollywood, CA
(818) 763-5963

SAN DIEGO, IMPERIAL, AND ORANGE COUNTIES

Imperial Co. Health Dept.
935 Broadway
El Centro, CA 92243
(619) 339-4438

Orange County
Health Department
1725 West 17th Street
Santa Ana, CA 92706
(714) 834-3816

J.B. Askew Building
1700 Pacific Highway
San Diego, CA 92101
(619) 236-2264

East San Diego H.C.
5202 University
San Diego, CA 92103
(619) 582-6433

Oceanside Health Center
104 South Barnes Street
Oceanside, CA 92054
(619) 967-4401

El Cajon Health Center
113 East Douglas Avenue
El Cajon, CA 92020
(619) 579-4446

Escondido Health Center
606 East Valley Parkway
Escondido, CA 92025
(619) 740-4000

North San Diego H.C.
2440 Grand Avenue
San Diego, CA 92109
(619) 274-1223

South Bay Health Center
263 Fig Avenue
Chula Vista, CA 92010
(619) 691-4750

Vista Health Center
200 West Broadway
Vista, CA 92083 1221
(619) 945-1333

NORTHERN CALIFORNIA

Central Health Center
470 27th Street
91601 Oakland, CA 94612
(415) 874-7196

Humboldt Co. Health Dept.
529 I Street
Eureka, CA 95501
(707) 445-6200

District Health Center #1
3850 17th Street
San Francisco, CA 94114
(415) 621-4858

Monterey County Health Dept.
Seaside Health Center
1292 Olympia Avenue
Seaside, CA 93955
(408) 755-4500

San Joaquin Health Dept.
1601 East Hazelton
Stockton, CA 95205
(209) 468-3400

San Mateo County Health Dept.
225 West 37th Avenue
San Mateo, CA 94403
(415) 573-2516

Santa Clara County Health Dept.
V.D. Clinic
976 Lenzen Avenue
San Jose, CA 95126
(408) 299-5913

Shasta County Health Dept.
2650 Hospital Lane
Redding, CA 96001
(916) 225-5591

Stanislaus Health Dept.
820 Scenic Drive
Modesto, CA 95350
(209) 525-7339

Davis Community Clinic
620 G Street
Davis, CA 95616
(916) 666-8649

Fresno Co. Health Dept.
Fulton Mall
Fresno, CA 93721
(209) 445-3416

Merced County Health Dept.
240 East 15th Street
Merced, CA 95341
(209) 385-770

Capital Health Clinic
1500 C Street
Sacramento, CA 95814
(916) 440-5302