

Informed Consent and Agreement to HIV Testing

INSURER NAME: _____

ADDRESS: _____

I understand the following information, which I have read or has been read to me:

- Blood, or another body fluid or tissue sample, will be tested for the human immunodeficiency virus (HIV), the virus that causes AIDS;
- Consent to be tested for HIV should be given FREELY;
- Results of this test, like all medical records, are confidential, but confidentiality cannot be guaranteed;
- If positive test results become known, an individual may experience discrimination from family or friends and at school or work;
- I have checked below if I do not want the last four digits of my Social Security number used to create a Unique Identifying (UI) number.

_____ **I DO NOT Authorize** the use of the last four digits of my Social Security number to create a Unique Identifier.

What a NEGATIVE Result Means:

- A negative test means that HIV infection has not been found at the time of the test.

What a POSITIVE Result Means:

- A positive HIV test means that a person is infected with HIV and can transmit the virus by having sex, sharing needles, childbearing (from mother to child), breast-feeding, or donating organs, blood, plasma, tissue, or breast milk;
- A positive HIV test DOES NOT mean a diagnosis of AIDS - other tests are needed.

What Will Happen if the Test is Positive

- A copy of the Department of Health and Mental Hygiene's publication "Information for HIV Infected persons" will be provided;
- The local health department or my doctor will offer advice about services which are available;
- Women who are pregnant or may become pregnant will be told of treatment options which may reduce the risk of transmitting HIV to the unborn child;
- Information will be provided on how to keep from transmitting HIV infection;
- My UI number will be given to the health department;
- My name will be reported to the local health department when my doctor finds that I have symptoms of HIV disease or AIDS;
- The local health department or my doctor will offer assistance in notifying and referring my partners for service. If I refuse to notify my partners, my doctor may notify them or have the local health department do so. If local health department staff notify my partners, my name will not be used. Maryland laws requires that when the local health department knows of my partners, it must refer them for care, support, and treatment.

I have been given a chance to have my questions about this test answered.

I hereby agree to be tested for HIV.

Print Name of Person Tested

Date

Signature of Person or Authorized Substitute

Date

Signature of Counselor

Date

UI NUMBER

last four digits ss#

date of birth

m m d d y y y y

race/ethnicity

sex

CODES: RACE/ETHNICITY: *1-White, Not Hispanic; 2-Af. Am., Not Hispanic; 3-Hispanic; 4-Asian/Pacific Is.; 5-Am. Indian/Ak. Native; 6-Other; 9-Undetermined.* SEX: *1-Male, 2-Female*

DHMH AIDS Administration (FORM 98-1)

Martin D. Wasserman, M.D.

Secretary of Health and Mental Hygiene