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Proposed Insured

## **NOTICE AND CONSENT FOR AIDS-RELATED TESTING, CHEMISTRY PROFILE AND URINALYSIS**

### **PRE-TESTING CONSIDERATIONS (HIV ANTIBODY TEST):**

Many public health organizations have recommended that before taking an AIDS-related blood, urine or oral fluid test a person should seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested. If you want to consider this matter further, then you do not have to sign this form now. However, the underwriting of your application will be suspended and a continued refusal to sign this form will eventually result in the declination of your application.

### **AIDS HOTLINES:**

You may wish to contact the National AIDS Hotline, funded by the U.S. Public Health Service, to ask questions and to get brief counseling at 1-800-342-7514. In addition, many states have their own respective AIDS hotlines that may be called for further information about AIDS, the meaning of HIV-related test results, measures to prevent spreading the infection, and the availability and location of HIV-related counseling services.

### **THE HIV ANTIBODY TEST:**

To evaluate your eligibility for insurance or insurance benefits, the insurer requests that you provide a sample of your blood, urine and/or oral fluid for testing and analysis. One test to be performed on this sample will be a test to determine the presence of antibodies to the HUMAN IMMUNODEFICIENCY VIRUS (HIV), also known as the AIDS virus. The HIV antibody test is actually a series of tests done by a medically-accepted procedure that is extremely reliable. At the insurer's sole expense, the testing will be performed by a laboratory certified by the U.S. Department of Health and Human Services.

### **CONFIDENTIALITY OF HIV ANTIBODY TEST RESULTS:**

All such test results will be treated confidentially. The results of the test will be reported by the laboratory to the insurer's. In addition, if your HIV antibody test is abnormal (positive), a generic code signifying a nonspecific test abnormality will be reported to the Medical Information Bureau, Inc., (MIB). If your HIV test is negative, no report about it will be made to MIB. The fact that the test has been done and the results of the test will not be otherwise disclosed except as may be allowed by law or as authorized by you.

### **MEANING OF HIV ANTIBODY TEST RESULTS:**

The HIV antibody test is extremely accurate. However, in rare instances the test may be positive in persons who are not infected with the virus (a "false positive"). Additionally, the test may occasionally be negative in persons who are infected with HIV (a "false negative") especially when the infection has occurred within the previous 3-6 months. While positive HIV antibody test results do not mean that you have AIDS, they do mean that you are at a seriously increased risk of developing AIDS. The U.S. Center for Disease Control has said that persons who are HIV antibody positive should be considered infected with the AIDS virus and capable of infecting others. Abnormal HIV antibody test results will adversely affect your insurance application by resulting in a declination (denial) of coverage. It is also possible that your HIV antibody test results will be normal, but the insurer may decline your application on the basis of OTHER lab test results, or medical or personal information developed in the underwriting process.

**NOTIFICATION OF ABNORMAL HIV ANTIBODY TEST RESULTS:**

If your HIV antibody test results are abnormal, we will notify whomever you designate below and we will confirm that we have done so at your request. We encourage you to designate your physician or another professional who can counsel you in confidence on the personal medical significance of an abnormal test. You may also elect to receive abnormal test results directly by filling in your name and address below. No routine notification will be sent for normal results.

I request that results of an abnormal HIV antibody test be sent to the following person and address:

\_\_\_\_\_  
Name:  Dr.  Mr.  Ms. (Check one)

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Street Unit/Apt.

\_\_\_\_\_  
City State Zip

**NOTICE OF OTHER TESTING:**

To further evaluate your insurability, the insurer may require the performance of a Chemistry Profile and Urinalysis. A CHEMISTRY PROFILE is a series of tests for total cholesterol, HDL cholesterol, triglycerides, glucose and blood sugar control, liver function and kidney function. URINALYSIS is a microscopic and chemical examination of the urine for evidence of kidney or urinary tract disease, medications, drugs, nicotine, and their metabolites. We do not routinely notify insureds of these specific test results.

**CONSENT:**

I have read and I understand this Notice and Consent Form. I voluntarily consent to the withdrawal of blood, urine and/or oral fluid from me, the testing of my blood, urine and/or oral fluid for HIV antibodies, performance of a chemistry profile and urinalysis, and the disclosure of abnormal HIV antibody test results and reporting thereof to MIB as described above. I understand that (i) I may revoke my consent to these tests by refusing to provide blood, urine and/or oral fluid samples, and (ii) I may obtain a copy of this form.

This authorization will expire in 12 months if testing has not been undertaken by then.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Signature of Proposed Insured

## HIV Antibody Test Notice and Consent Form Supplement For Pennsylvania Residents

Before you sign the attached Notice and Consent Form, we wish to notify you of the following:

- (1) For HIV-related information, you may wish to contact the Pennsylvania Health Department at (717) 783-0479 before you give a blood, urine and/or oral fluid sample.
- (2) You must designate a physician, a community counseling organization, the Pennsylvania Health Department (or a local health department) to receive abnormal test results. The following organizations have been designated by the Pennsylvania Health Department as organization to whom you may have a positive test result sent in lieu of a personal physician:

Pittsburgh AIDS Task Force  
141 South Highland Avenue  
Pittsburgh, PA 15206  
(412) 363-2437

Congreso-de Latinos Unidos, Inc.  
Programa Esfuerzo  
704 West Girard Avenue  
Philadelphia, PA 19123  
(215) 228-3880

Philadelphia Community Health Alternative  
1642 Pine Street  
Philadelphia, PA 19103  
(215) 735-1911

BEBASHI  
5205 North Broad Street  
Philadelphia, PA 19141  
(215) 546-4140

- (3) You may obtain a list of alternate HIV-related counseling and testing sites operated or funded by the Pennsylvania Department of Health or local health departments.