

CONSENT FOR H.I.V. ANTIBODY BLOOD TEST

I request to have my blood tested for antibody to the Human Immunodeficiency Virus (HIV). I am informed of the following:

----WHAT THE RESULTS MEAN----

1. A **confirmed** positive result indicates infection with HIV, the virus that causes AIDS (Acquired immune Deficiency Syndrome).
2. A positive result assumes the virus is still in the body.
3. Currently, the infection is considered to be life-long.
4. A negative result indicates lack of evidence of infection with HIV.
5. *The test may not detect infection in the recent past (approximately one to six months).*

---ADVANTAGES OF BEING TESTED---

1. Assists the physician in making a diagnosis.
2. Knowing that one carries the virus can allow important behavioral changes that will:
 - a. **Keep the virus from spreading to others**
 - b. Prevent exposure to other infections that could weaken the immune system
 - c. Provide motivation to improve general health
 - d. Begin appropriate medication to slow the progression of the infection
3. Knowing the result is negative can:
 - a. **Provide reassurance that you probably have not been infected**
 - b. Motivate behavioral changes to remain virus free

---DISADVANTAGES OF BEING TESTED---

1. Knowing the result is positive for the virus can:
 - a. Cause emotional stress
 - b. **Force unwanted but necessary behavioral changes**
 - c. Raise interpersonal issues between family members, lovers, and friends
 - d. If known by others, potentially lead to discrimination in jobs, housing, military service, insurance, and medical care
2. Knowing the result is negative may lead to a false sense of security if practicing high-risk behaviors.

---WHO KNOWS MY RESULTS---

1. The office medical record will contain the physician (or designee's) order for the test, the signed consent to be tested, and a copy of the test results. Information in this medical record is available upon request to any person or entity holding a current written authorization for release of information signed by the patient including insurance companies, Medicaid/Medicare, and self funded (employer) health benefit plans. This information is also available to involved health care workers.
2. All hospitals and laboratories in Colorado are required by law to report name, address, sex, and date of birth of persons testing positive to the Colorado Department of Health. Results are not given to family members, employees, landlords, insurers, lovers, or anyone else.

---ALTERNATIVES---

1. Confidential or anonymous testing is available through the State Health Department
2. ORA-SURE, an alternative method available locally. Call 1-800-672-7873 for information.

I understand the nature of this blood test; the risks, benefits, alternatives, and the provisions for release of information as set forth in this consent. I wish to be tested.

Name _____ Date _____

Witness _____ Date _____