

## **HIV CONSENT FORM**

You are being asked to consent to a test for HIV antibodies on a sample of your blood. HIV is the virus believed to cause AIDS. Antibodies are substances made by the body in response to infection. A positive test for HIV antibodies means a person is infected with HIV, but does not necessarily mean a person has AIDS.

Despite the use of the most advanced technology, a small number of “false positive” results occur, that is, the test is positive but the person is not infected with HIV. Also, since it takes time to produce antibodies after the virus enters the body, some infected individuals may not have a positive test for HIV antibodies (“false negative” results).

If your HIV antibody test results are known, it may help your doctor decide how best to treat you for the illnesses associated with HIV infection. It may also help you to make personal decisions, if you are at risk for HIV infection or for transmitting HIV to someone else.

If your blood test is positive and others know the test result, you might be discriminated against by friends, family, employers, landlords, insurance companies, and others. Therefore, you should be extremely careful disclosing your test results. In addition, a positive test result may be recorded in your medical record maintained at Altus Medical Laboratories and the performing reference laboratory, which has strict regulations, designed to protect the confidentiality of medical records.

We will make every attempt to ensure the confidentiality of your test result. However, the possibility of unauthorized disclosure always exists. This might result in some form of discrimination. Furthermore, if this test for HIV is positive or if additional tests indicate that you have AIDS, this information must, by statute, be reported to the State Health Authority (NACO).

- Anonymous testing for HIV is available in the Union Territory of Chandigarh under NACO. Testing done through this program is not reportable to any agency.

### **CONSENT FOR HIV ANTIBODY TESTING**

I HAVE READ (OR HAVE HAD READ TO ME) THE DESCRIPTION OF THE HIV ANTIBODY TEST AND UNDERSTAND THE LIMITATIONS AND POSSIBLE CONSEQUENCES OF THIS TEST. I UNDERSTAND THAT I CAN REFUSE TO BE TESTED WITHOUT PREJUDICE TO MY FUTURE CARE. IF MY TEST IS POSITIVE, I CAN EXPECT TO BE COUNSELED ABOUT THE IMPLICATIONS OF HIV INFECTION. EVERY ATTEMPT WILL BE MADE TO KEEP MY TEST RESULTS CONFIDENTIAL. I UNDERSTAND THAT MY PHYSICIAN WILL NOT DISCLOSE MY TEST RESULTS TO ANY INDIVIDUAL WITHOUT MY PERMISSION, BUT THAT IF THIS TEST IS POSITIVE FOR HIV OR I DEVELOP AIDS, THIS INFORMATION MUST, BY STATUTE, BE REPORTED TO THE STATE HEALTH AUTHORITY (NACO). I HAVE ALSO HAD EXPLAINED TO ME THE PROCEDURE FOR DRAWING BLOOD AND THE MINIMAL RISK OF THIS PROCEDURE. I AGREE TO BE TESTED FOR HIV ANTIBODIES.

The signature of the physician ordering this test certifies that informed consent has been obtained from the patient or the person legally authorized to consent on the patient’s behalf.

Name of Patient	Signature of Patient or Person Date Legally authorized to consent on Patient’s behalf.	Date
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Name of Physician	Signature of Physician	Date
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