

HIV BLOOD TEST CONSENT FORM

INFORMED CONSENT TO PERFORM HIV TESTING

I, _____, voluntarily consent to be tested in order to detect whether or not I have had exposure to the human immunodeficiency virus (HIV), which is the probable causative agent of acquired immune deficiency syndrome (AIDS), by the providers and staff of *Olympus Family Medicine*. I recognize that I can refuse this test. I realize that the test will be performed by withdrawing blood and using a special substance to test my blood sample. I know that my test results are confidential under Texas State law, and that unless I specify otherwise, the test result will be released to the physician whom ordered the test, and to any other person(s) only as required by law. I confirm that this consent will go into effect on the following date: _____.

If the results show that I have HIV, I agree to additional testing which may occur from the sample I provide today in order to determine the best treatment for me and to help guide me to HIV prevention programs. I also agree to future testing to assist with my treatment. I understand that I can withdraw my consent for future tests at any time. If I test positive for the HIV infection, I understand that my health care provider will converse with me about the importance of telling any previous/current/future sexual partners or needle-sharing partners of possible exposure to this virus.

I acknowledge that my health care provider has answered any questions I have about HIV/AIDS. I also confirm that I have been provided with the following informative details regarding HIV testing:

- HIV is the virus that causes AIDS and can be transmitted through the following methods: Unprotected sex (vaginal, anal, and/or oral sex) with someone who has HIV; Direct contact with infected blood, such as sharing needles (piercing, tattooing, drug equipment including needles); Through HIV-infected pregnant women transferring the virus to their infants during pregnancy, delivery, or while breast feeding.
- There are treatments for HIV/AIDS that can help an individual stay healthy.
- Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV.
- Testing is voluntary and can be done anonymously at a public testing center.
- The law protects the confidentiality of HIV test results and other related information.
- The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
- The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked clearly by the subject of the HIV test, or consent expires by its own terms.

I understand that I may revoke my consent orally or in writing at any time. As long as this consent is in force, I confirm that my provider may conduct additional tests without asking me to sign another consent form. In those cases, I realize that my provider will inform me if other HIV tests will be performed without my specific request of the testing, and will this information will be notated in my medical record.

By signing this form, I confirm that I have read all of the above information, and voice my consent to have the results of my human immunodeficiency virus (HIV) blood test relayed to me in the following manner, regardless of the outcome of the result indicating a positive or negative determination for HIV.

_____ **Phone:** _____ - _____ - _____

May a detailed voicemail be left on the phone number provided above? **YES** **NO**

_____ **In Person:** I understand that if I request for the results to be relayed to me in person, regardless of the outcome of those results, I will be subject to paying any copay, co-insurance, or deductible portion for the office visit that will be billed to my insurance.

Print Patient Legal Name

DOB

Patient Signature

Print Witness Name

Date