



California Medical Association

CONSENT FOR BLOOD TEST TO DETECT HIV INFECTION

I have freely decided to take a blood test in order to determine whether I have been infected with the human immunodeficiency virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS).

HIV Infection

I understand that HIV infection can cause a broad range of medical conditions. Some persons who are HIV infected have no symptoms of disease and are able to work for a number of years. However, given what is known today, it appears that in a large number of cases HIV infection will at some point damage a person's immune system, making the person unable to fight off other infections and diseases. When a person's immune system becomes so weak that he or she suffers very serious or fatal illnesses, it is said that the person has AIDS. I understand that being HIV infected does not mean that I have AIDS. Not everyone who is HIV infected will get AIDS. I understand that my doctor must look at a number of factors to decide if I have AIDS and that there is no one test that can show if I have AIDS.

Nature and Accuracy of HIV Test Results

I understand that HIV test results are very accurate when a good laboratory performs several tests on my blood sample. I understand that confirmed "positive" test results mean that I probably have HIV infection and that I should consider myself able to infect other people. However, very rarely, even a series of tests can be wrong and make it seem that I am infected when I am not. In that case, the tests should be done again later. I understand that a "negative" test result meant that I probably do not have HIV infection. However, I understand that if I have been recently infected with the HIV virus, it may take several weeks or months or even more before my blood will show sign of HIV infection, but during that time I can infect other people. Therefore, if my test result is negative, I may need to be retested in six months to confirm that I have not been infected. I also understand that even if I test negative now, if I do things ("high risk" activities) that can expose me to HIV infection, I can still become infected in the future. I understand that if I may have exposed myself to infection since I was tested, I should be tested again.

Benefits and Risks of Taking the HIV Test

I understand the benefits of taking the test. Having the test results will help my physician to decide what kind of medical treatment I need. If my test results are positive, I will know that I should take steps to protect other persons from my infection and I will be able to make decisions about my future health care and other personal matters.

I understand the risks of taking the test. If I find out that my results are positive, I could become very upset or depressed. It is also possible, but unlikely, that someone like my employer,



landlord, or insurance company might improperly or accidentally learn of my test results and that my job, housing, or insurance coverage might then be at risk.

Confidentiality of HIV Test Results

I understand that, under California law, my physician cannot tell anyone what my HIV test results are without my specific written consent, except in very few situations. My physician can tell my other health care providers about my test results. In addition, if I am HIV infected and I refuse to inform any person(s) whom I may infect (or may have infected) with the virus, my physician or the county health office has the legal right to warn such person(s) that they may have been exposed to HIV. I understand that I must be notified before such person(s) are warned, although my consent is not needed in order for them to be contacted. (Note: Different rules apply if you are in jail, prison, or other correctional institution.)

I understand that if I have any questions about the nature of the blood test and its expected benefits and risks, I may ask those questions before I decide to consent to the blood test. I understand that I may also have my blood tested for free at an Alternative Test Site, where my name will not be known by anyone. My physician will tell me how to contact an Alternative Test Site if I request it.

By signing this form, I agree that I have been given the information I need to decide whether to take the HIV test and have had my questions answered. I also agree that I have given consent for my blood to be tested for the HIV infection

Patient Signature

Date

Legal Relationship to Patient *If signed by other than patient, give relationship

Physician Signature