

Informed Consent and Agreement to HIV Testing

With my signature below I acknowledge that I have read (or have had read to me) and understand the following information.

Facts about HIV Testing (HIV-1 Antibody or other HIV Tests)

I HAVE BEEN TOLD THAT: (1) My blood will be tested for signs of an infection by the Human Immunodeficiency Virus, the virus that causes AIDS; (2) May consent to have my blood tested for HIV should be FREELY given; (3) I understand that the results of this test are confidential and will not be released to anyone who would not legally have access to my medical record except by my signed consent or as otherwise allowed by law but that confidentiality cannot be guaranteed; (4) HIV Test results will be released along with my medical record unless I specifically indicate my refusal to release HIV test results when signing a release for my medical record. This refusal would only apply to my medical record; (5) I wish to be tested anonymously my health care provider should provide me with a referral, unless I am an inpatient in a hospital. He/she can call the Louisiana AIDS Hotline at 1-800-99AIDS9 or the local parish Health Unit to find out where I can be tested anonymously.

What a Positive Test Means:

1. A positive HIV test means that I have the HIV infection and can spread the virus to others by having sex or sharing needles.
2. A positive test DOES NOT mean that I have AIDS – other tests are needed.
3. If my test result is positive, I may experience emotional discomfort, and, if my test result becomes known in the community, I may experience discrimination in work, personal relationships and insurance.

What a Negative Result Means:

1. In most instances, a negative test means that a person is not infected.
2. However, it can take 3 to 6 months (or longer) for the HIV ANTIBODY test to become positive AFTER infection.
3. Although I have a negative test now, I can still become infected by having unprotected sex or by sharing needles.

What should be done if my test is positive?

1. I should seek medical care as monitoring and treatment of the HIV infection will improve my quality of life and lead to a longer life.
2. I will be told how to keep from spreading the HIV infection by:
 - a. Avoiding sexual intercourse, or practicing SAFER sex.
 - b. Not sharing drug-needles, better still, getting off drugs.
 - c. Not donating or selling my blood, plasma, organs, or sperm.
 - d. Avoiding pregnancy or (if I'm a male) not causing a woman to get pregnant.
 - e. Not breast-feeding or donating breast milk, if you are female.
3. If further testing reveals that I have AIDS, my name will be reported to the State Office of Public Health to assist me in obtaining services and to help the health department understand and control the AIDS problem;
4. I know that Office of Public Health or my doctor may assist me in notifying and referring my partners for medical services – without giving my name to my partners; and
5. If I refuse to notify my partners, my doctor may either notify them or have the Office of Public Health do so. In this case, my name will not be used.

I have had a chance to have my questions about this test answered.

I hereby agree or disagree to have my blood drawn for the HIV test.
(circle one)

Patient Signature or

Date

Signature of Physician



CO0005

HIV INFORMATION

Who will know about my test?

Your test result may be placed in your medical record. Others who would normally have access to your medical record may see it. Present law states that the test result should not be released to others without your written consent except for the following exceptions:

1. To any person to whom disclosure of medical information is authorized by law without the consent of the patient.
2. To a health care facility or provider which is permitted access to medical records, is authorized to obtain HIV test results, or maintains or processes medical records for billing reimbursement purposes.
3. To a health care facility or provider when knowledge of HIV test results is necessary to provide appropriate care or treatment and can afford the provider an opportunity to protect himself or herself from transmission of the virus.
4. To a health care facility or provider in relation to use of body parts for medical education, research, therapy or transplantation.
5. To a health facility staff committee, accreditation or oversight review organization authorized to access medical records.
6. To a federal, state, parish, or local health officer when the disclosure is mandated by federal or state law.
7. To an agency or individual in connection with the foster care programs of the Department of Social Services or in connection with the adoption of a child.
8. To any person to whom disclosure is ordered by a court of competent jurisdiction.
9. To any employee or agent of the Board of Parole of the Department of Public Safety and Corrections (or if it's office of parole) to the extent the employee or agent is authorized to access records containing HIV test results.
10. To a medical director of a local correctional institution to the extent he/she is authorized to access records containing HIV test results.
11. To an employee or authorized agent of the Department of Social Services, Office or Rehabilitative Services.
12. To an insurer, insurance administrator, self-insured employer, self-insurance trust, or other person or entity responsible for paying or determining payment for medical services to the extent necessary to secure payment for those services.



NS0025