



Offer and Consent of HIV Testing

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HIV testing is offered to everyone between the ages of 13 and 64. We encourage you to have this blood test. The results may provide important information that can assist you with future health care decisions.

About HIV:

- HIV is the virus that causes AIDS.
- The most common ways you can become infected with HIV are:
 - o Having unprotected sex (vaginal, anal, or oral sex) with someone who has HIV.
 - o Using needles that have been infected by someone who has HIV such as piercing needles, tattooing needles, and drug equipment including drug equipment without needles.
 - o Pregnant women with HIV can also infect their infants during pregnancy, delivery, or while breast feeding.

HIV Testing:

- If you agree to have the blood test and find out that you have HIV, there are treatments that can help you stay healthy.
- There are also safe practices that you can follow to help protect yourself and others from becoming HIV infected or infected with a different strain of HIV.
- HIV testing is voluntary. You can have testing at a public testing center. Anonymous testing cannot be done during this visit.
- HIV test results and all related information are confidential.
- If you have HIV, you are protected by law against discrimination. If you feel you have experienced discrimination, there are services that can help you.

If you agree to be tested for HIV infections:

- You can withdraw your consent for future tests. Your HIV testing consent remains in effect until it is withdrawn verbally or in writing at any time.

If your test results show that you have HIV:

- Your health care provider will talk with you about telling your sex or needle-sharing partners of possible exposure.
- You agree to more testing on your blood sample. This will help decide the best treatment for you and to help guide HIV prevention programs. You also agree to future tests to guide your treatment.

I have, been provided with details about HIV testing. My questions about HIV/AIDS have been answered.

No, I do not want to be tested for HIV.

Print Name: _____ Relationship Status: _____
(Your name or person authorized to consent)

Signature: _____ Date: _____ Time: _____

Health Care Professional Signature: _____ Date: _____ Time: _____