

INFORMED CONSENT TO PERFORM HIV TEST

New York State Department of Health
AIDS Institute

Chart No.

Name

Ward No.

(Patient Imprint Card)

FORM G

I have received written information about HIV testing. My health care provider has answered any questions I have regarding HIV testing with the following details about HIV testing:

- HIV is the virus that causes AIDS.
- The only way to know if you have HIV is to be tested,
- HIV testing is important for your health, especially for pregnant women.
- HIV testing is voluntary, Consent can be withdrawn at any time.
- Several testing options are available, including anonymous and confidential.
- State law protects the confidentiality of test results and also protects test subjects from discrimination based on HIV status.
- My health care provider will talk with me about notifying my sex or needle-sharing partners of possible exposure, if I test positive.

I agree to testing for the diagnosis of HIV infection. If I am found to have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for further tests at any time.

For Pregnant Women Only:

I authorize my health care provider to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will provide me with test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Signature of Patient or Parent/Legal Guardian or Minor Patient

Date

Printed Name:

Signature of Health Care Agent/Legal Guardian

(Place a copy of the authorizing document in the medical record)

Date

WITNESS:

I, _____ am a facility employee who is not the patient's physician or authorized health care provider named above and I have witnessed the patient or other appropriate person voluntarily sign this form.

Signature and Title of Witness

INTERPRETER/TRANSLATOR: (To be signed by the interpreter/translator if the patient required such assistance)

To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator