



NAME: _____

SSN: _____

CONSUMER'S ADMISSION CONSENT TO HIV TESTING IN THE EVENT OF AN EXPOSURE

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

Facts About HIV and "Exposure"

What is an "exposure"?

An exposure to the Human Immunodeficiency Virus can occur when there is an exchange of the blood or body fluids or a touching of the blood or body fluids of one person to another.

I understand that in the course of providing services to me, CHIMES employees or associate staff delivering services at the CHIMES may be exposed to my blood or body fluids. I have been told that an exposure to the blood or body fluids of another person who is carrying the HIV can result in the spreading of the virus to that person.

Facts about HIV Testing

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 in the event an exposure occurs to CHIMES employees or other individuals delivering services at the CHIMES; (2) My consent to have my blood tested for HIV should be FREELY given; (3) **I understand that every attempt will be made to keep the results of this test confidential, but that confidentiality cannot be guaranteed, except that the employee or individual exposed must be told by law the results of my HIV test.**

What a POSITIVE Test Result Means:

- A. A positive HIV tests means that I have the HIV infection and can spread the virus to others by having sex or by sharing needles.
- B. A positive HIV test DOES NOT mean that I have AIDS - other tests are needed.
- C. If my test result is positive, I may experience emotional discomfort.

What a NEGATIVE Result Means:

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

What Will Be Done for Me if My Test Is Positive:

- A. I will be told what needs to be done to keep me in good health and will be given a copy of the Department of Health and Mental Hygiene's publication, "Directory of Counseling and Referral Resources for HIV Seropositive Persons", which contains information about the medical, social, psychological, or legal services or other printed material on HIV which will be helpful to me;
- B. I will be told how to keep from spreading my HIV infection by: (1) Avoiding sexual intercourse, or practicing SAFER sex; (2) Not sharing drug needles - better still, getting off drugs; (3) Not donating or selling my blood, plasma, organs, or sperm; (4) Avoiding pregnancy or (if I am a male) not causing a woman to get pregnant; and (5) Not breastfeeding, or donating breast milk;
- C. If I have signs or symptoms of HIV infection, my name will be reported to the employee or associate staff exposed to my blood or body fluids and a local health department to assist me in obtaining services and to help the health department understand and control the AIDS problem;
- D. I know that my local health department or doctor may assist me in notifying and referring my partners for medical services - without giving my name to my partners; and
- E. If I refuse to notify my partners, my doctor may either notify them or have the local health department do so. In this case, my name will not be used. State law may require that, when a local health department knows of my partners, it must refer them for care, support, and treatment.

Having had a chance to have my questions about this test answered: (Check an option)

- I hereby agree** to have my blood drawn for the HIV (antibody, or _____) test, if in the opinion of a physician not involved in the exposure, an exposure to the blood or body fluids of a CHIMES Consumer by any employee or staff associated with and delivering services to me at a CHIMES facility has occurred. **I understand that by law the individual exposed while delivering services to me at a CHIMES facility has a right and will be informed as to the results of my HIV testing.**
- I hereby refuse** to have my blood drawn for the HIV (antibody, or _____) test, even if in the opinion of a physician not involved in the exposure, an exposure to my blood or body fluids by any employee or other individual delivering services to me at a CHIMES facility has occurred.

Signature

Date

Signature of Witness

Date

_____ **[Patient/Consumer]** is unable to consent to HIV testing due to his/her mental disability described as _____.

I _____, the _____ **[Relationship to the Patient/Consumer]**, have read the information contained on this form and have had the chance to ask questions regarding this form and HIV testing and have had a chance to have my questions answered, and do **hereby agree** on behalf of _____ to be tested for HIV, if in the opinion of the physician not involved in the exposure, an exposure to my blood or body fluids by any employee or other individual delivering services to me at a CHIMES facility has occurred. **I understand that by law the individual exposed while delivering service to _____ [Name of Patient/Consumer] at a CHIMES facility has a right and will be informed as to the results of the Patient's/Consumer's HIV testing.**

I _____, the _____ **[Relationship to the Patient/Consumer]**, have read the information contained on this form and have had the chance to ask questions regarding this form and HIV testing and have had a chance to have my questions answered, and do **hereby refuse** to give my consent on behalf of _____ to be tested for HIV, even if in the opinion of the physician not involved in the exposure, an exposure to my blood or body fluids by any employee or other individual delivering services to me at a CHIMES facility has occurred.

Individual Authorized to Consent for Consumer

Print Full Name

Signature

Date

Address

Signature of Witness

Date