



SSN: _____

INFORMED CONSENT UPON EMPLOYMENT TO HIV TESTING IN THE EVENT OF AN EXPOSURE

As you are aware, in your work as a Chimes employee there is a possibility of your coming into contact with blood or bodily fluids of persons served by The Chimes and the resultant risk of exposure to contagious viruses, including the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).

When The Chimes is informed that an employee has been exposed to blood or bodily fluids of a person served or a co-worker, it requests that the employee consent voluntarily to having a blood test performed so that he or she can be made aware of the possible presence of HCV, HBV or HIV. For this purpose, The Chimes refers the employee to a health care professional. The health care professional will advise the exposed employee about the need for any medical follow-up. The Chimes also gives the employee a renewed opportunity to receive Hepatitis B vaccination if the health care professional recommends it after evaluating the employee and if the employee has not already been vaccinated.

In the event that you become exposed to blood or bodily fluids of a person served by The Chimes or a co-worker, The Chimes will make an appointment for you with such a health care professional and seeks your permission to do so. The Chimes will pay for the consultation, any testing, and vaccination for one year from the date of the exposure incident, so long as you remain an employee of The Chimes.

At the time of your appointment, the health care professional is required to explain to you certain state health regulations pertaining to blood testing and to ask you to consent voluntarily to the test. You can consent to having testing done immediately, to having blood collected for storage and testing for HIV within 90 days if you choose, or to do neither. The choice is yours to make, and you should advise the health care professional of your decision during the appointment if you elect for The Chimes to schedule one.

By your signature, you acknowledge that The Chimes has offered to refer you for blood testing, evaluation and vaccination as indicated above in the event of an exposure and that you have read or have had read to you and understand the following information:

Facts About An HIV Exposure

What is an "exposure"?

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

I UNDERSTAND THAT in the course of providing services at The Chimes I may be exposed to the blood or bodily fluids of persons served by The Chimes or a co-worker. I have been told that an exposure to the blood or bodily fluids of another person who is carrying the HIV can result in the spreading of the virus to me from that person.

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

1. **I hereby agree** to have my blood drawn for the HIV test, if in the opinion of a physician not involved in the exposure, an exposure to the blood or bodily fluids of a person served at The Chimes by any employee or staff associated with and delivering services at a Chimes facility has occurred. **I understand that by law as the individual exposed while delivering services at a Chimes facility I will be informed as to the results of the HIV testing of the individual served by The Chimes, if consent can be obtained.**

2. **I hereby refuse** to have my blood drawn for the HIV test, even if in the opinion of a physician not involved in the exposure, an exposure to the blood or bodily fluids of a person served at The Chimes by any employee or staff associated with delivering services at a Chimes facility has occurred.

Employee Name (Print)

Employee Signature

Date