

# INFORMED CONSENT FOR THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST

A photocopy of this form will be as valid as the original.

INSURER <b>Crown Life Insurance Company</b>	ADDRESS <b>Serviced At: P.O. Box 1927, Buffalo, NY 14240-1927</b>
EXAMINER	INSURER

If you want to be tested to see if you have been infected with HIV, the virus that causes AIDS, please read the following and ask for an oral explanation of anything that you do not understand.

## Purpose of Test

This test shows if you have antibodies to the Human Immunodeficiency Virus (HIV) that causes AIDS; if there are antibodies, you have been infected with HIV and can pass the virus on to others. This test cannot determine if you have AIDS.

## Blood Drawing

This HIV antibody test is usually a blood test. A sample of blood will be taken from your arm with a needle and then analyzed by a laboratory to determine if it contains HIV antibodies.

## Limitations

As with many laboratory tests, there is a possibility of inaccurate results. For instance, a false negative result could occur if you have recently been exposed to the virus but have not yet developed antibodies.

## Potential Uses of Test

If your HIV antibody test results are known, it may help your doctor determine the medical care you need. It may also help you make personal decisions, such as whether to have children and how best to avoid the risk behaviours that transmit the virus. Your results are reported to the Montana Department of Health and Environmental Sciences (DHES), but only positives or negatives; no name is attached. If testing for insurance, refer to insurance company testing section.

## Counselling

At a minimum, counselling in the form of written materials developed by the DHES must be given to you before you consent to have the HIV antibody test performed and additional written materials from DHES must be provided to you after you receive the test results from your health care provider or designee.

## Voluntary and Anonymous Testing

Taking HIV antibody test is voluntary; you do not have to take the test. If you prefer anonymous testing, in which your name is not known to those performing the test, is available at several locations established by the DHES in Montana. These locations can be obtained from the DHES, your local health department or by calling 1-800-233-6668. (Refer to insurance section.)

## Withdrawal of Consent

You may withdraw your consent for the HIV test at any time until the blood or lab specimen is taken.

## Confidentially

Your test result is a confidential medical record and is protected by Montana law, which states that medical information can be released only with your consent, or under conditions specified by the Uniform Health Care Act (Title 50, Chapter 16, Part 5, MCA) or by the Government Health Care Act (Title 50, Chapter 16, Part 6, MCA). When authorizing a health care provider to release information you may specify which part of your medical records you want released and to whom. Signing a medical information release consent does not waive your legal rights.

(see reverse)

**INFORMED CONSENT FOR THE  
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**Local Health Department and Insurance Company Testing**

If the test is being performed as part of an application for insurance, results will be reported to the health care provider designated by you, if it is positive. A negative test may be obtained from your insurance company. (If there is no health care provider designated, a positive test report may be reported to the local health department for post-test counselling.) A positive test result may have an effect on your ability to obtain insurance. Ask your insurance representative about who receives and has access to your HIV antibody test results.

**Unconscious or Otherwise Incapacitated**

If 1) the patient is unconscious or otherwise mentally incapacitated, 2) there is no legal guardian, 3) there are medical indications of an HIV-related condition, 4) the test is advisable in order to determine the proper course of treatment then the patient's next of kin (parent, adult child, grandparent, adult sibling, or legal spouse); or the patient's significant other(individual living in a current spousal relationship with another individual but who is not legally a spouse of that individual) may receive pretest counselling and provide written informed consent. If circumstances in 1-4 above exist and the patient is in a hospital, then the person designated in the patient's medical records may receive pretest counselling and provide written informed consent on behalf of the patient. If circumstances in 1-4 exist and the patient is in a hospital, and none of the persons listed above are available; the health care faculty may within a reasonable time order an HIV test.

**Statement of Consent**

By signing below, I certify that:

1. I have read and understand the above explanation of the HIV antibody test, including an explanation of the nature of the test, what the test results mean, counselling requirements, that the test is voluntary and that test results are confidential;
2. I have received and read written pre-test counselling materials drafted by the DHES;
3. I understand that anonymous testing, if I desire it, is available at one of the counselling/testing sites established by the DHES or elsewhere;
4. I agree to have a sample of my blood tested for the presence of the HIV antibody, and authorize;

Name of Health Care Provider \_\_\_\_\_

Address \_\_\_\_\_

to receive and inform me of the results of the test. Post-test counselling is to be given, at a minimum in the form of written material developed by the DHES.

5. I understand that when tested for insurance purposes that a positive test result will be given to the designated health care provider (listed above). If desired, I can seek results of a negative test from the insurance company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of person to be tested or that subject's representative  
(as defined under section "Unconscious or Otherwise Mentally Incapacitated")

\_\_\_\_\_  
Initial or other identifier if testing anonymously