NORTH FLORIDA OB GYN LLC.

CONSENT FORM
CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST

HIV testing is a process that uses FDA-approved tests to detect the presence of HIV, the virus that causes AIDS and to see how HIV is affecting your body. The most common type of HIV test detects antibodies produced by the body after HIV infection. Test results are highly reliable but a negative test does not guarantee that you are healthy. Generally, it can take up to three months for HIV antibodies to develop. This is called the "window period". During this time, you can test negative for HIV even though the virus is in your body and you can give it to others. A positive antibody HIV test means that you are infected with HIV and can also give it to others even when you feel healthy.

If you test positive, by law we must notify the local Health Department. They will contact you to help with counseling, treatment, case management and other services if you need them and want them. You will be asked about sex and/or needle-sharing partners, and voluntary partner counseling and referral services (PCRS) will be offered to you. The HIV test result will become part of your confidential medical record.

Testing Related to Pregnancy Florida Administrative code requires STD testing for Chlamydia, gonorrhea, hepatitis B, HIV and syphilis at the initial exam and again at 28 to 32 weeks gestation. Exceptions to the testing are as follows: (a) A woman, who tested positive for hepatitis B surface antigen (HbsAg) during the initial examination related to her current pregnancy, need not be re-tested at 28-32 weeks gestation and (b) A woman, with documentation of HIV infection or AIDS need not be re-tested during the current pregnancy. If you are pregnant, or become pregnant, the test results will become part of your baby's medical record.

Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent spread of the disease. If you are pregnant, there is treatment available to help prevent your baby from getting HIV. If you have any questions, please ask your provider, or call the Florida AIDS Hotline (1-800-FLA-AIDS or 1-800-352-2437) before signing this form.

CONSENT GIVEN: _____**Yes** I, _____ , agree to be tested for HIV and **I** have been informed about HIV testing and its benefits and limitations. I understand that some tests require a second specimen to be taken from me for further testing.

_____ _____ _____

Date **Signature of Patient or Legal Representative** **Patient's Printed Name**

_____ _____

Witness Signature **Legal Representative's Relationship to the Patient**

Florida State guidelines recommend HIV results be released by a face to face appointment and not by phone. If this is not convenient and you prefer to be notified by phone, please initial below.

Patients Initials_____

_____ No, I _____ , do not want to be tested for HIV, because_____

_____.

(Reason for refusing test required)