



MIDATLANTIC UROLOGY ASSOCIATES, LLC.

INFORMED CONSENT & AGREEMENT TO HIV TESTING

With my signature below I, _____ acknowledge that I have read (or have had read to me) and understand the following information.

Facts About HIV Testing (HIV -1 Antibody or other HIV Tests)

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; (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.

What a POSITIVE Test Results Means:

- A. A positive HIV test means that I have the HIV infection and can spread the virus to others by having sex or 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 and, if my test result becomes known in the community, I may experience discrimination in work, personal relationships, and insurance.

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 that 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'm a male) not causing a woman to get pregnant; and (5) Not breastfeeding, or donating breast milk;

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- C. If I have signs or symptoms of HIV infection, my name will be reported to 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. Maryland law requires that, when a local health department knows of my partners, it must refer them for care, support, and treatment.

I have had a chance to have my questions about this test answered.

I hereby agree to have my blood drawn for the HIV (antibody, or _____) test.

(Specify)

Patient's Signature

Date

Signature of Counselor