



Innovative Women's Health Care Solutions

Patient centered. Patient driven. Patient empowered.

SEXUALLY TRANSMITTED INFECTION TESTING CONSENT FORM

The following tests are included in an *STI/STD* Panel:

- Chlamydia
- Gonorrhea
- Trichomoniasis
- Hepatitis B & C
- Herpes Simplex
- Syphilis
- HIV

Except for state mandatory reporting laws in Georgia, no information contained in your *medical* record will be shared without your written consent. Since each infection has *specific* incubation window periods, retesting may be recommended by the Provider reviewing your test results at a later date.

Chlamydia & Gonorrhea

These infections are caused by bacteria. They can be transmitted separately or together. Chlamydia takes 7-21 days after contact to be detected. Gonorrhea typically takes 2-7 days after contact to show up on a test. Both are treated with antibiotics that cure the infection. If Gonorrhea is detected, current recommendations are to treatment both Chlamydia and Gonorrhea. If allowed to persist for an extended time, both can cause Pelvic Inflammatory Disease (PID) and sterility. Most women do not experience symptoms with a chlamydial infection.

Symptoms of both include an abnormal vaginal discharge, abnormal bleeding or spotting and/or burning with urination.

Trichomoniasis

This Infection is caused by a protozoan parasite. Some women experience symptoms with this infection, but as many as 70% are asymptomatic.

Symptoms include: vaginal discharge, abnormal bleeding and/or irritation. It typically takes 5-28 days to be detected on testing after contracting infection. This infection is cured by treatment with an antibiotic. It is best identified by culture testing since it is difficult to isolate.

Hepatitis B & C

Caused by Hepatitis B & C viruses. It is contracted when infected blood, semen & body fluids are shared (childbirth, sexual contact, needle/injection equipment sharing, needlesticks). The incubation period for Hepatitis B is 45-160 days and 14-180 days for Hepatitis C. Hepatitis B is more commonly diagnosed than Hepatitis C. Antivirals are used to treat both infections.

There is no cure for Hepatitis B. Both Hepatitis B or C infection can lead to liver disease. There are medications to treat Hepatitis C. Symptoms include: loss of appetite, nausea, vomiting, abdominal pain, fever, fatigue, joint pain, jaundice and gray-colored stools.

Herpes Simplex (HSV)

This infection is caused by a virus. Two virus types are associated with Herpes Simplex, they are types 1 & 2. Type 1 is caused by HSV 1. HSV 1 typically results in a cold sore or fever blister on the mouth. Many persons with HSV 1 were infected during childhood or young adulthood during non-sexual contact. HSV 1 can be transmitted to the genitals through oral sex. HSV 2 is sexually transmitted. This infection is caused by HSV 2 and is extremely common with an estimated 1 out of every 6 persons aged 14-49 in the U.S. being positive. Most persons with either virus type do not experience any symptoms. Symptoms, if present, can include a painful cut, abrasion or sore in the vaginal or rectal area. Treatment includes separate antiviral regimens. Treatment does not cure either virus type but decreases or eliminates symptoms and can decrease a person's ability to spread this infection. Your provider may also recommend swab culture testing, if a cut,

sore or abrasion is noted, and this infection is suspected. The incubation period for either virus type is 2-12 days,

Syphilis

This infection is caused by a bacterium. There are 4 stages of infection that can progress, if this infection is not promptly treated and each stage has different associated symptoms. Syphilis can lead to serious health problems if not treated. It is characterized by painless sores or rash, swollen lymph nodes and possible fever. In latent cases of Syphilis, there are no associated symptoms. The incubation period for this infection is 10-90 days. This infection can be cured with an antibiotic administered during an early stage.

HIV

HIV is caused by a virus that attacks the immune system of affected persons. Its incubation time is 14-90 days. separate HIV Consent Form is required for testing.

 I understand the printed information provided above.

 I understand that my results will be posted to the patient portal within 10-14 days of testing. I am expected to call to obtain these results if I am not registered on the patient portal after testing is performed within this same time interval.

 I understand that if additional detailed explanation or consultation is desired, I will schedule a visit to further discuss my results and any additional questions.

 I understand that there is a fee for an in-office visit or teleconference to consult for further results discussion.

Patient Signature _____

Date _____

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Informed Consent for HIV Testing

My health care provider has answered any questions I have about HIV/AIDS. I have been provided information with the following details about HIV testing:

- HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or while breast feeding.
- There are treatments for HIV/AIDS that can help an individual stay healthy.
- Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV,
- Testing is voluntary and can be done anonymously at a public testing center.
- The law protects the confidentiality of HIV test results and other related information.
- The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
- The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms.

I agree to be tested for HIV infection. If the results show I have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time. If i test positive for HIV infection, I understand that my health care provider will talk with me about telling my sex or needle-sharing partners of possible exposure.

I may revoke my consent orally or in writing at any time. If this consent is in force, my provider may conduct additional tests without asking me to sign another consent form. In those cases, *my* provider will tell me if other HIV tests will be performed and will note this in my medical record.

Patient:

Witness:

Print Name:

Date:

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