



CONSENT FOR HIV ANTIBODY BLOOD TEST AND RELEASE OF INFORMATION

I give my permission for Georgia Center for Women, and to order one or more blood specimens from me in order to detect whether or not I have antibodies in my blood to the Human Immunodeficiency Virus (HIV). This is the virus which has been associated with Acquired Immune Deficiency Syndrome (AIDS).

1. INFORMATION ABOUT THE TEST

These tests will be performed by withdrawing one or more samples of blood from a vein in my body (as with normal blood tests) and by testing such blood samples in a laboratory. In general, there is an initial screening test which indicates I may have been exposed, and then other tests may be performed to confirm this result. I understand a positive blood test result does not mean I have or will develop AIDS, but it does mean it is likely the HIV is in my blood. In order to diagnose AIDS, other means must be used in conjunction with these blood tests.

2. SOME INFORMATION ABOUT THE HIV VIRUS

It is thought by scientists that whether or not a person develops AIDS or gets sick from the virus, a person with the virus can still transmit the virus to other people who might become sick. Therefore, knowledge that I do or do not have the virus is important in protecting those people close to me.

3. RELEASE OF INFORMATION

I consent to the laboratories release of the results of these blood tests to those health care practitioners responsible for my care and treatment or as may otherwise be in accordance with applicable law. I consent to the placement of these test results in my record.

4. CONSENT

By my signature below, I acknowledge:

- I have received the information pamphlet published by the Department of Human Resources.
- I have been given all the information I desire concerning the propose blood tests and the release of their results.
- I have had all of my questions answered to my satisfaction.
- I consent to the performance of these blood tests.
- I consent to the release and the use of the test results as set forth above.

Consent for HIV antibody blood test and release of information

Signature of Patient

Signature of Witness

Date

Physician giving informed consent