

## Consent Form for HIV-Specific Tests

The human immunodeficiency virus (HIV) is recognized to be the cause of the acquired immunodeficiency syndrome (AIDS).

Tests are available to determine the presence of antibodies to HIV, or HIV itself, in human blood. After the virus enters the body, the virus multiples inside white blood cells, called T-lymphocytes, and are released into the bloodstream. At this time the virus can be demonstrated by an antigen test that detect part(s) of the virus outer coating. The present of antigen in the blood means that a person is infected with HIV.

After several weeks the body makes antibodies to fight the HIV antigen. This is why the antibody test is the most frequently used test to diagnosis HIV infection. A positive test for HIV antibody means that sometime in the past you have been infected by HIV and are probably now able to transmit the virus. A positive antigen or antibody test does not mean a person has AIDS or will necessarily progress to AIDS. There is a low incidence of false positive and false-negative results for each of these tests.

The results of your HIV-specific test will help your doctor decide how to best advise and treat you. The result of the test will also let you know if you are now at risk for transmitting HIV. Your doctor will explain the precautions you should take if you are determined to be at risk for transmitting the virus. If your HIV-specific test is positive, you should inform your sexual contacts of your HIV status and encourage them to be tested also.

The results of these tests will be part of your medical records and are protected by Prestige Healthcare Atlanta medical records confidentiality policy, as well as all laws and regulations governing the confidentiality of HIV information.

I have read (or have had read to me) the above description of the HIV-specific tests and understand the limitations and possible consequences of these tests. I have also had explained to me the blood drawing procedures and their risks, if any.

## I agree to all testing for all HIV-specific tests

Signature of Patient	Date	Signature of Requesting Physician	Date
Print Name of Patient		Print Name of Physician	
Parent /Legal or Court Appointed Guardian		Relationship if other than patient (Print)	

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