



HIV Antibody Testing

Acknowledgement of Counseling & Consent for Voluntary AIDS Testing

Michael D. Randell, M.D., F.A.C.O.G.

Patient Name: _____

Date: _____

The American Medical Association recommends that I offer patients routine voluntary testing for antibody to the AIDS virus. Women at higher risk for carrying the AIDS virus are:

- a. Those women with a history of intravenous drug use.
- b. Those women who have sexual contact with homosexual or bisexual males.
- c. Those women who have had blood transfusions prior to March 1985.
- d. Those women not having a monogamous sexual relationship.
- e. Those women who have had sex with a partner who is at risk.
- f. Those women who immigrate from a country with a high rate of AIDS.
- g. Those women who have had artificial insemination.
- h. Those women who have been raped.

The HIV antibody test is not always accurate. The test may result in a false negative by failing to detect antibodies to the virus which are in the blood. This test may also result in a false positive by indicating that there are antibodies which are not really in the blood.

For my pregnant patients, I want you to know that the AIDS virus is freely transmitted to the fetus. Newborns infected with the AIDS virus usually do not survive.

I will keep your test results as part of your complete medical record, and will not release that information without your consent, unless required or authorized by law.

My signature below acknowledges that:

- a. I have read or someone has read to me this form, and I understand this consent form.
- b. All questions regarding the HIV antibody test have been answered.
- c. I understand that further information and counseling is available from the Georgia Department of Human Resources.
- d. I give permission to collect one or more blood specimens from me (as in other blood tests) to detect whether I have antibodies in my blood to the Human Immunodeficiency Virus (HIV), which is associated with Acquired Immune Deficiency Syndrome (AIDS).
- e. I consent to the release and use of my test results as set forth above.
- f. If I am consenting on behalf of another, I confirm that I am the patient's parent, legal guardian, or next of kin, and that the patient is unable to sign because: _____

_____ I request to have the AIDS test done at this time. _____ I do not request to have the AIDS test done at this time.

Signature

Relationship to patient

Date