

INFORMED CONSENT AND 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:

I HAVE BEEN TOLD THAT: (1) My blood will be tested for signs of an infection by the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS); (2) My consent to have blood tested for HIV shall be freely given; and (3) I understand that the results of this test will be kept confidential in accordance with the guidelines in AR 600-110, Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV), dated 1 June 1996.

What a NEGATIVE HIV test result means:

- a. In most instances, a negative HIV test result means that a person is not infected by HIV.
- b. However, it can take 3 to 6 months (or longer) for the HIV ANTIBODY test to become positive AFTER infection has occurred.

What a POSITIVE HIV test result means:

- a. A positive HIV test means that I may have the HIV infection and can spread the virus to others by having sex or sharing needles. In this case I would be offered a second test for confirmation of HIV infection.
- b. A positive HIV test DOES NOT mean that I have AIDS - other tests are needed to determine that.

Individual notification procedures:

- a. I will be privately notified of my test results by Preventive Medicine Service or my ordering clinician, per AR 600-110.
- b. My test results will be managed in accordance with the provisions of AR 600-110.
- c. I will be provided information about HIV and its prevention.
- d. If my test result is positive, the requesting physician and the Preventive Medicine Service will provide consultation and appropriate medical management.
- e. The Preventive Medicine Service will assist me in notifying and referring any sexual and or needle partners for medical services without identifying me as the person who made their identities known.
- f. If I refuse to notify my sexual and/or needle partners, the Preventive Medicine Service will notify them or have the local health department do so without identifying me as the person who made their identities known.

CHECK ONE BOX:

- I hereby agree to have my blood drawn for the HIV Antibody Test.
- I hereby refuse to have my blood drawn for the HIV Antibody Test.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first middle; grade; date; hospital or medical facility)

Signature of Patient or Guardian

Date

Signature of Clinician

POLICY FOR HIV TESTING FOR NON-ACTIVE DUTY PATIENTS

This policy is strictly in accordance with Army Regulation 600-110, Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV), dated 1 June 1996.

1. A clinician, as part of a clinical evaluation, may request an HIV test on non-active duty health care beneficiaries. Such beneficiaries should be counselled regarding the transmission of HIV testing information, risk reduction, prevention, and the need to perform the test.
2. An HIV test is required for all blood donations on military installations. Individuals who refuse to consent to the test will not be permitted to donate blood.
3. An HIV test is to be offered for the following circumstances:
 - a. Suspicious illnesses; for example: lymphadenopathy, unexplained lymphopenia, leukopenia, adult oral thrush, pneumocystis pneumonia, and esophageal candida.
 - b. The following sexually transmitted diseases: chlamydia, HIV, gonorrhea, non-specific urethritis, syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, genital herpes, and hepatitis. Follow up HIV tests should be repeated in accordance with current medical guidelines after any of these diseases are diagnosed.
 - c. Sexual partners of HIV infected individuals.
 - d. Intravenous drug users.
 - e. All prenatal patients.
 - f. Complete physicals to include school and sport physicals for persons aged 15 to 65.
 - g. All trauma patients who are shooting, stabbing or rape victims.
 - h. All patients with acute or chronic hepatitis B.
 - i. All patients dead on arrival or who die in the medical treatment facility.
3. In accordance with AR 600-110, laboratory personnel will provide results of HIV tests performed only to the clinician whose name appears on the HIV laboratory request, and the Preventive Medicine Service HIV Program Manager or the Communicable Disease Community Health Nurse. Inquiries regarding HIV test results by anyone other than the requesting clinician will be referred to the Preventive Medicine Service HIV Program's Communicable Disease Nurse, (301) 677-8434/8435.