

**Mississippi Department of Human Services
Division of Youth Service
Medical Services**

HIV INFORMED CONSENT and CONFIDENTIALITY OF TEST RESULTS FORM

HUMAN IMMUNODEFICIENCY VIRUS DIAGNOSTIC TESTING

Name: _____
DOB: _____ Admit Date: _____
Allergies: _____

**INFORMED CONSENT TO HIV ANTIBODY TEST
(TESTING FOR THE AIDS VIRUS)**

Before an HIV antibody test can be given in Mississippi, consent is needed. If you have any questions, please ask your doctor or counselor.

1. WHAT IS THE HIV ANTIBODY TEST?

The HIV antibody test is a blood test. The test shows if you have antibodies to the virus that causes AIDS. A sample of your blood will be taken from your arm with a needle. If the first test shows that you have antibodies, a series of tests, including a different test, will then be done on the same blood sample to make sure the first test was right. A positive test result means that you have been exposed to the virus and are infected. It does not mean that you have AIDS, or that you will necessarily become sick with AIDS in the future. A negative test means that you are probably not infected with the virus. It takes the body time to produce HIV antibodies. If you have been exposed to HIV recently, you need to be retested in several months to make sure you are not infected. Your doctor or counselor will explain this to you.

2. VOLUNTARY TESTING

Taking an HIV antibody test is voluntary. You do not have to take the test. Consent may be withdrawn at any time before you leave the premises where your blood is drawn for the test. If you are under age 16, you may consent to be given an HIV test. If you do not wish anyone to know your test results, or even that you have been tested, you can go to an anonymous test site. This is a place where you can receive counseling and the HIV test without giving your name or address. You can find the nearest anonymous test site by calling the AIDS Hotline – number is available from the nurse.

3. BEHAVIORS THAT POSE RISKS

Most AIDS infections are spread through certain sexual activities or sharing of intravenous needles. Oral, anal, or vaginal intercourse with an infected individual can transmit the virus. The virus can be passed from an infected mother to her child during pregnancy, the birth process and breastfeeding.

4. WHAT IS THE VALUE OF AN HIV ANTIBODY TEST?

If you test negative, you can learn how to continue to avoid getting infected; ask your counselor for advice. Getting education through counseling is the key to preventing the spread of AIDS. If you test positive: (1) you can learn how to avoid giving the virus to others. (2) With this information, your doctor can take better care of you. (3) If you are a woman or a man thinking about having a baby, you can learn about the risk to your baby.

5. RISKS INVOLVED WITH DISCLOSURE AND SOURCES OF HELP

If you test positive, you should be careful about telling others what your test showed. Employers, landlords and others have discriminated against some HIV positive people. If you have experienced discrimination because of release of HIV-related information, you may contact the Mississippi AIDS Hotline 1-800-232-4363.

6. FOR MORE INFORMATION

For a list of resources for further counseling or support, ask your doctor or counselor. If you have any further questions about HIV antibody testing, you may contact the AIDS Hotline – number is available from the nurse.

7. CONFIDENTIALITY OF TEST RESULTS

If you take the HIV antibody test, your test results are confidential. Under Mississippi law, confidential HIV related information can only be given to people you allow to have it by signing a release form, or to those persons listed below:

- A. Yourself
- B. Your legal guardian
- C. Your spouse or sexual partner
- D. A person authorized by you or your guardian in a written release
- E. Your physician
- F. The Department of Health or a health commissioner
- G. Agencies involved in screening your donated body parts
- H. Health care facility groups conducting program reviews
- I. Law enforcement authorities with a search warrant or a subpoena
- J. Health care providers who are treating or caring for youth
- K. MDYS Staff member(s) authorized by signor to receive test results (Youth Initials and Date Required)

Print Name of Staff Member	Youth Initials	Date
Print Name of Staff Member	Youth Initials	Date

You have the right to ask the person who tested you if HIV related information has been or shall be released to anyone listed above.

INFORMED CONSENT TO HIV ANTIBODY TEST

I have reviewed the information in the INFORMED CONSENT TO HIV ANTIBODY TEST. My questions about the HIV test have been answered. I agree to take the HIV antibody test.

Comment: _____

Signature of the person who will be tested	Date
Nurses Signature	Date