



Counsel for HIV Antibody Blood Test Form

use patient imprint

Name: _____

In accordance with Chapter 174, P.L. 1995:

I acknowledge that _____ has counseled
(Name of physician or other provider)
and provided me with:

- A. Information concerning how HIV is transmitted
- B. The benefits of voluntary testing
- C. The benefits of knowing if I have HIV or not
- D. The treatments which are available to me and my unborn child should I test positive
- E. The fact that I have a right to refuse the test and I will not be denied treatment

I have consented to be tested for infection with HIV.

I have decided not to be tested for infection with HIV.

This record will be retained as a permanent part of the patient's medical record.

Signature of Patient

Date

Signature of Witness