



Consent for the HIV Antibody Blood Test

I have been told that my blood will be tested for antibodies to the virus named HIV (Human Immunodeficiency Virus). This is the virus that causes AIDS (Acquired Immunodeficiency Syndrome), but it is not a test for AIDS. I understand that the test is done on blood.

I have been told that the test is not 100 percent accurate. The test may show that a person has antibodies to the virus when they really don't — this is a false positive test. The test may also fail to show that a person has antibodies to the virus when they really do — this is a false negative test. I have also been told this is not a test for AIDS and that a positive test does not mean I have AIDS. Other tests and examinations are needed to diagnose AIDS.

I have been told, if I have any questions about the HIV antibody test, its benefits or its risks, I may ask those questions before I decide to agree to the blood test.

I understand the results of this blood test will only be given to those health care workers directly responsible for my care and treatment. I also understand my results can only be given to other agencies or persons if I sign a release form.

By signing below, I agree I have read this form or someone has read this form to me. I have had all my questions answered and have been given all the information I want about the blood test and the use of the results of my blood test. I agree to give a tube of blood for the HIV antibody tests. There is almost no risk in giving blood. I may have some pain or a bruise around the place that the blood was taken.

Date

Patient's/Guardian Signature

Witness Signature

Printed Name

Physician Signature

Amerigroup Community Care recognizes the need for strict confidentiality guidelines.