



**State of Florida Department of Health
 CONSENT FORM
 CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST
 Non-Health Care Settings**

No person shall perform an HIV test in a non-healthcare setting without first obtaining the informed consent of the test subject or his or her legal representative. Written informed consent must be obtained as required by Rule 64D-2.004(3), of the Florida Administrative Code. Exceptions to obtaining informed consent can be found in Section 381.004(2)(h), Florida Statutes. This form may be used to document the test subject's informed consent or to satisfy the requirement that such consent be in writing. HIV test results and the fact that a person is tested are confidential and protected by law. Persons with knowledge of an individual's HIV test result have legal obligations to protect this information from unauthorized disclosure. Florida law imposes strict penalties for breaches of confidentiality.

HIV testing is a process that uses FDA-approved tests to detect the presence of HIV, the virus that causes AIDS and to see how HIV is affecting your body. One of several types of tests may be offered to you. The most common type of HIV test detects antibodies produced by the body after HIV infection. Test results are highly reliable, but a negative test does not guarantee that you are healthy. Generally, it can take up to three months for HIV antibodies to develop. This is called the "window period." During this time, you can test negative for HIV even though the virus is in your body and you can give it to others. A positive antibody HIV test means that you are infected with HIV and can also give it to others, even when you feel healthy. Other tests can detect the presence of virus in your blood, measure the amount of virus in your blood, measure the number of T-cells in your blood, or see if the virus is susceptible to HIV/AIDS medications. Some of these tests may require a second specimen to be obtained for further testing. Generally, test results will be available in about two weeks. If you consent by filling out and signing this form, a specimen will be taken and you will be tested.

If a rapid HIV test is used, results will be available the same day. If the rapid test detects HIV antibodies, it is very likely that you are infected with the virus, but this result will need to be confirmed. You will be asked to submit a second specimen for further testing. The results from this confirmatory test will be available to you in about two weeks.

If you test positive, the local health department will contact you to help with counseling, treatment, and other supportive services if you need and want them. You will be asked about sex and/or needle-sharing partners, and voluntary partner services (PS) will be offered to you. The HIV test result will become part of your confidential medical record. If you are pregnant, or become pregnant, the test results will become part of your baby's medical record.

Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent spread of the disease. If you are pregnant, there is treatment available to help prevent your baby from getting HIV. If you have any questions, please ask your counselor, physician, or call the Florida AIDS Hotline (1-800-FLA-AIDS or 1-800-352-2437) before signing this form.

CONSENT GIVEN	<i>Client must initial the consent statement and then sign below. The consent form must be dated and witnessed.</i>	
REQUIRED		
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have been informed about HIV testing and its benefits and limitations. I understand that some tests require a second specimen to be taken from me for further testing.	
_____ Initial Here		
_____ Date	_____ Signature of Client or Legal Representative	_____ Client's Printed Name
_____ Witness Signature	_____ Legal Representative's Relationship to the Client (If Applicable)	

OPTIONAL	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If I move out of the area or live somewhere else, I want my results forwarded to the appropriate public health care provider or the physician listed below so that I may be informed of my results and receive post-test counseling.
_____ Initial Here If Applicable	
_____ Preferred Physician or Facility and their Mailing Address	

Instructions:

1. Please ensure that clients read and understand the information provided on this consent form. If clients are unable to read or understand this information, the counselor should read it to them.
2. The client must initial each of two consent statements as appropriate and sign and date the bottom of the form.
3. If a legal representative of the client signs the consent form, their relationship to the client must be indicated on the appropriate line.
4. In accordance with state protocol, if the client wants their results forwarded, the STD Program Manager will handle this transaction.
5. All consent forms must have a witness signature. The counselor conducting the pre-test counseling can serve as the witness.



State of Florida Department of Health
CONSENT FORM
ANONYMOUS HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST
Non-Health Care Settings

HIV testing is a process that uses FDA-approved tests to detect the presence of HIV, the virus that causes AIDS, and to see how HIV is affecting your body. The most common type of HIV test detects antibodies produced by the body after HIV infection. Test results are highly reliable but a negative test does not guarantee that you are healthy. Generally, it can take up to three months for HIV antibodies to develop. This is called the “window” period. During this time, you can test negative for HIV even though the virus is in your body and you can give it to others. A positive HIV test means that you *are* infected with HIV and can also give it to others even when you feel healthy.

If you consent by filling out and signing this form, a specimen will be taken and you will be tested. Generally, test results will be available in about two weeks.

If you test positive, you will be asked about sex and/or needle-sharing partners and voluntary partner counseling and referral services will be offered to you.

Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent spread of the disease. If you are pregnant, there is treatment available to help prevent your baby from getting HIV. If you have any questions, please ask your counselor, physician, or call the Florida AIDS Hotline (1-800-FLA-AIDS or 1-800-352-2437) before signing this form.

CONSENT GIVEN	<i>Client must indicate if they wish to be tested by checking “Yes” or “No”</i>
<p>_____ YES _____ NO Check Here</p>	<p>I have been informed about HIV testing and its benefits and limitations. I understand that some tests require a second specimen to be taken from me for further testing. I consent to be tested.</p>
<p>_____</p> <p style="text-align: center;">Date</p>	
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto; padding: 5px;"> <p style="color: gray; font-size: small;">Place DH1628 Scan ID sticker here</p> </div>	
<p>_____</p> <p style="text-align: center;">Witness Signature Date</p>	

- Instructions:
1. Please ensure that clients read and understand the information provided on this consent form. If clients are unable to read or understand this information, the counselor should read it to them.
 2. After anonymous clients receive information about the HIV antibody test, they must indicate their consent by checking “yes” or “no”, dating the form, and, for those who choose testing, placing the scan ID# on the form.
 3. All consent forms must have a witness signature. The counselor conducting the pre-test counseling can serve as the witness.