

## **NOTICE AND CONSENT FORM FOR AIDS-RELATED TESTING**

To evaluate your insurability, the insurer named above has requested that you provide a sample of your blood, urine, or oral fluid for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A series of three tests will be performed by a licensed laboratory through a medically accepted procedure.

### **Information About HIV and AIDS**

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is passed from person to person through blood, semen, vaginal fluids and breast milk. AIDS is the sickness people may get after HIV enters the body. HIV can enter the body during sexual contact with an infected person; while sharing or using dirty needles or injection equipment with someone who is infected during drug use; or from a woman to her baby during pregnancy, at birth, or while breastfeeding.

Most people do not have any symptoms of sickness when they are first infected with the HIV virus. HIV can live in the body for a long time before a person becomes sick with AIDS. HIV slowly hurts the body's ability to fight disease. When people have AIDS, minor infections can develop into serious illnesses, which may cause death. Although HIV infected people may eventually develop AIDS, there are medical treatments that can delay the symptoms of the disease.

The symptoms of HIV may include the following, although other causes of these symptoms are more likely: unexplained weight loss; persistent night sweats, cough, shortness of breath, diarrhea, and white spots evidencing fungal infection; fever and swollen lymph nodes lasting more than one month; and raised purple spots on or under skin or on mucous membranes.

### **Pre-Testing Considerations**

Many public health organizations have recommended that before taking an AIDS-related test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested. A list of counseling services is located on the reverse side of this form.

### **Meaning of Positive Test Result**

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. Antibodies are blood cells produced by the body in response to infection. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

### **Confidentiality of Test Results**

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the Insurer who have the responsibility to make underwriting decisions on behalf of the Insurer or to outside legal counsel who need such information to effectively represent the Insurer in regard to your application. If your test result is positive, it may be released to an insurance medical information exchange or another insurer only if a non-specific blood test result code is used which does not indicate that you were subject to testing related to the human immunodeficiency virus.

## Notification of Test Result

If your test results are negative, no routine notification will be sent to you. Periodic re-testing for HIV is advised if you are at high risk for HIV infection. If your test results are reported by the laboratory to the Insurer as being positive, you will receive that information. Because a trained person should deliver that information so that you understand clearly what the test result means, you are asked to list your private physician so that the insurer can have him or her tell you the test result and explain its meaning, and the numerous treatment options that are available to you.

In the event the result is positive, you will be urged to contact a private physician, County Health Department, State Department of Health Services, local medical societies, or alternative test sites for appropriate counseling. If no physician is named below, the result will be sent to you at the address provided by registered mail with delivery to you only.

## Consent

I have read and understand this Notice and Consent for AIDS-Related Blood Testing. I have the right to decline this test. By signing this document I voluntarily consent to the collection of blood, urine, or oral fluid from me, the testing of blood, urine, or oral fluid, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if the test is positive. I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

This Consent is not valid 6 months after the date shown below.

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Name and address of attending physician

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Policy #

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Date of Birth

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Name of Proposed Insured (PRINT)

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Signature of Proposed Insured or Parent/Legal Guardian

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Date

# AIDS COUNSELING ORGANIZATIONS

**The following organizations can assist you in understanding the meaning of the HIV antibody test and its results, as well as provide or help you secure counseling:**

**The Center**

3909 Centre Street  
San Diego CA 92103  
(619) 692-2077

**AIDS Services Foundation of Orange County**

17982 Sky Park Circle, Suite J  
Irvine CA 92614  
(949) 809-5700

**San Francisco AIDS Foundation**

1035 Market Street, Suite 400  
San Francisco CA 94103  
(415) 581-7077

**AIDS Project — East Bay**

1320 Webster Street  
Oakland CA 94606  
(510) 663-7979

**AIDS Support Network**

1320 Nipomo Street  
San Luis Obispo, CA 93401  
(805) 781-3660

**Los Angeles County Department of Health Services**

600 South Commonwealth, 10th Floor  
Los Angeles CA 90005  
(213) 351-8000

**HIV/AIDS Case Management**

4168 Front Street  
San Diego, CA 92013  
(619) 543-3995

**Fresno County Department of Public Health**

1221 Fulton Mall  
Fresno CA 93721  
(559) 600-3200

**Office of AIDS**

**Center for Infectious Diseases**

**California Department of Public Health**

MS 7700 P.O. Box 997426  
Sacramento, CA 95899-7426  
(916) 558-1784

<https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAmain.aspx>

**Centers for Disease Control and Prevention (CDC)**

<https://www.cdc.gov/std/hiv/default.htm>