



Consent for HIV Testing

Name: _____

I have received information about blood test for HIV which is a virus associated with acquired immune deficiency syndrome (AIDS). I have received the information about the blood test for HIV infection, including the benefits and risks of the test. I understand that the blood test for HIV is not 100% accurate: sometimes, the results can be false-positive or false-negative. I understand that a HIV positive test means that somebody has been infected with the AIDS virus, but does not means that the person will necessarily develop AIDS. Those people infected with the virus can transmit it to other people, who can become sick. However knowing about the presence of the infection is very important in order to protect those who are close to me.

I understand that the results for HIV test are private, as well as the hospital records. The results of my test will be available to members of the hospital staff who are taking care of me, hospital administration, and insurance companies that receive bills for my hospital stay. However, the contents of my medical record will not be shown to others without my permission unless required by law.

I understand that I will be notify with the test results and I will give necessary advices.
So, I agree to consent for HIV testing.

Witness

Signature

Date

Parent's Signature