

**MONTANA MENTAL HEALTH NURSING CARE CENTER  
EXPOSURE CONTROL PLAN  
HIV/AIDS VIRUS ANTIBODY BLOOD TEST CONSENT FORM  
\*\*\*\*\*CONFIDENTIAL\*\*\*\*\***

**INTRODUCTION**

Human immunodeficiency virus (HIV) is the cause of Acquired Immuno Deficiency syndrome (AIDS). All persons infected with HIV can spread it to others through unprotected sex, needle sharing, and donating blood or other tissues. Infected mothers can also spread HIV to newborns. Testing for HIV infection is voluntary. Read this sheet carefully to help you decide whether to be tested or not.

**WHAT THE TEST MEANS**

This test detects antibodies to HIV, not the virus itself. Antibodies are the body's reaction to the virus. A POSITIVE test means that a person is infected with HIV and *can* pass it to others. By itself, a positive test does not mean that a person *has* AIDS, which is the most advanced stage of HIV infection. A NEGATIVE test means that the antibodies to HIV were not detected. This usually means that the person is not infected with HIV. In some cases, however, the infection may have happened too recently for the test to run positive. The blood test usually turns positive within 1 month after infection and in almost all cases within 3 months. Therefore, if you were infected very recently, a negative test result could be wrong.

False results (a negative test in someone who is infected, or a positive test in someone who is not infected) are rare. Indeterminate results (when it is unclear whether the test is positive or negative) also are rare. When a test result does not seem to make sense, a repeat test or special confirmatory tests may help to determine whether a person is or is not infected.

**BENEFITS OF BEING TESTED**

There are substantial benefits to being tested. Most infected persons may benefit from medications that delay or prevent AIDS and other serious infections. Test results also can help people make choices about contraception or pregnancy. Therefore, all infected persons should have a complete medical checkup, including tests of the immune system, to help their health care providers recommend the best health care.

There are other reasons to be tested. Even though everyone should follow safer sex guidelines whether or not they are infected with HIV, many persons find that knowing their test results help them to protect their partners and themselves. Some persons want to know their test results before beginning a new sexual relationship or becoming pregnant. Others will be reassured by learning that they are not infected.

**RISKS AND DISADVANTAGES OF BEING TESTED**

Many persons with positive or indeterminate test results will experience stress, anxiety, or depression. Some persons with negative tests may continue or increase unsafe behaviors, which would increase the risk of HIV infection. Some persons are afraid that their test results will get into the wrong hands, and that discrimination might result. (See Privacy and Confidentiality, below.) For these reasons, you should consider your social supports (such as family and friends) and your insurance needs before you are tested.

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**PRIVACY AND CONFIDENTIALITY**

We keep a record of the health care services we provide to you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it from the Infection Control Nurse.

**OTHER IMPORTANT INFORMATION**

You will be notified of the results of the test whether it is positive or negative. If your HIV test is positive, persons with whom you have had sex or have shared needles must be informed that they may be infected and that they should be tested for HIV.

**CONSENT for HIV TESTING**

I have read and understand the above information. I have been advised of the nature of the HIV blood test; what the results would mean; and the benefits and risks of being tested. I understand that I have the alternative of not being tested. I hereby authorize the Montana Mental Health Nursing Care Center to perform this test and to release the results to me. Testing will be done today (baseline) at 6 weeks, 12 weeks, 6 months and 12 months from today.

\_\_\_\_\_  
Name of person testing                      Signature/Relationship                      Date

**CERTIFICATION**

I certify that the person named above has been given an opportunity to read the above information and ask questions, that he or she understands the issues discussed, that his or her decision to undergo HIV testing is an informed and voluntary one, and that I have witnessed his or her signature.

\_\_\_\_\_  
Witness:    Signature    Date