INFORMATION REGARDING THE HIV ANTIBODY AND ANTIGEN AND ANTIGEN
ONGOING VIRAL LOAD TESTING

State of Wisconsin law requires that you sign the attached consent form before HIV (AIDS) antibody testing can be performed.

Currently, there is no blood test that will determine if a patient has the Acquired Immunodeficiency Syndrome (AIDS) or will develop AIDS. There is a blood test licensed by the Food and Drug Administration to detect the antibodies to HIV (Human Immunodeficiency Virus), the virus that causes AIDS and AIDS related syndromes.

This is a blood test to identify the antibodies to the HIV virus, it is not a test to detect the virus itself. When a person is infected by a virus, the body's immune system normally begins to fight the infection through white blood cells which produce substances called antibodies. Antibodies, therefore, indicate that a person has been infected by a specific virus. Antibodies to the HIV virus may indicate that the virus is still present. Research has shown that antibodies to the virus are frequently found in the blood of persons who have AIDS or AIDS related syndromes, and in members of high-risk groups.

People at increased risk of exposure to the virus are those who:

- Are gay or bisexual males.
- Inject drugs such as cocaine or heroin.
- Have been treated for hemophilia.
- Have received blood transfusions.
- Have immigrated to the United States since 1977 from countries with a high incidence of AIDS.
- Have symptoms consistent with AIDS or AIDS-related complex (ARC) such as persistent diarrhea, weight loss, or lymphadenopathy.
- Are sex partners of any persons mentioned above or sex partners of people with AIDS or positive HIV antibody tests.

A screening test such as this, because of the nature of such tests, does not always provide the correct result. In a very small percentage of people who have the test done, a positive result may be a false positive, meaning that although the test is positive, the person does not actually have the antibody present in their blood. Conversely, a negative test result may rarely be a false negative, meaning that although the test is negative, the antibody is indeed present. These problems are due to the testing techniques used and occur in less than 5 to 8 percent of tests. A second line test is used to reduce the incidence of false positive and false negative results.

You should consider the following factors prior to having the blood test done:

- A positive antibody test, if it is a true positive, indicates infection with HIV, the virus that causes AIDS. However, only a portion of persons with HIV antibodies have AIDS. A positive test does not mean that you have AIDS or that you will get AIDS.
- An Antibody test does NOT identify the HIV virus and cannot be used to diagnose AIDS. Nor can the test totally exclude infection with HIV, the virus that causes AIDS.
- It has been suggested by some individuals that insurance companies or employers may seek information about positive test results as a condition of coverage or employment. Current state law prohibits disclosure of HIV antibody test results to insurance companies or employers without specific written legal consent.
HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY OR ANTIGEN TESTING CONSENT

1. I have been asked by ______________________________________________________________
   for consent to test for antibody / antigen to HIV for: ____________________________
   (Ordering physician)
   (Patient name)                          (Social security number)

2. I understand the following regarding HIV testing:
   • The benefits of testing.
   • The potential for false positive and negative result.
   • The potentially harmful psychological impact of a positive result.
   • The importance of additional / future testing to rule out infection.
   • Resources and assistance available should the test be positive.

3. I understand that, if necessary, follow-up monitoring may be performed.

4. I have been informed that the HIV antibody test results are confidential and shall not be released without written permission, except to the persons or organizations which have been given access by state law (as indicated on the back of this form). I have been informed that these persons and organizations are also required by state law to keep these test results confidential. The result will be placed in my medical record and will be accessible to my physicians and my other health care providers.

5. I acknowledge that:
   • I have read this consent form,
   • I have been given the opportunity to ask questions concerning the blood test for HIV infection, and
   • My questions have been answered to my satisfaction.

6. I give my consent to have a blood sample obtained and tested for the presence of HIV infection. If positive, and if my physician deems appropriate, I consent to ongoing HIV monitoring. I understand that this consent will remain in force for twelve months.

7. I also authorize the following person(s) access to the HIV test results. If applicable, give name of persons and time period valid (6 months, 1 year, etc.). If not applicable cross out.

   ____________________________________________________________________________ ________________________
   ____________________________________________________________________________ ________________________
   ____________________________________________________________________________ ________________________

8. I wish to be billed directly for the HIV test(s).  OR

   I authorize the above mentioned health care provider to bill my insurance company for payment of this test. The insurance company will not receive the test result, unless indicated by me above, or allowed by a separate, written consent from me.

   ____________________________ ____________________________
   Signature of person being tested                   Date / Time
   ____________________________ ____________________________
   Signature of other legally authorized person       Date / Time       Relationship to patient
   ____________________________ ____________________________
   Signature of person witnessing consent            Date / Time

☐ Testing to be done due to significant blood / body fluid exposure.
SUPPLEMENTAL INFORMATION TO THE HIV CONSENT FORM

There are three possible HIV test results:

- **A negative test result** means that a person is probably not infected with HIV. However, if a person has been recently exposed to HIV, it may be too soon to find out if infection has occurred. Re-testing may be necessary.

- **A positive test result** means that a person is infected with HIV and is able to spread the virus to others by having unprotected sex or sharing needles. If a person has not tested positive before, it is recommended that another test be done to verify the result.

- **An indeterminate test result** is neither negative nor positive. The person should be tested again as soon as possible.

No test is 100% accurate. Additional testing may be needed or recommended.

The following are persons who may receive name-associated HIV test results under certain circumstances under Wisconsin statute 252.15 (5) (a). There are penalties for illegal release of HIV test results.

- The person tested; and if the person is incapacitated, the person designated as the agent in the health care power of attorney;

- The person's health care provider, including a health care provider who provides emergency care to the person tested;

- An agent or employee of the tested person's health care provider who provides patient care or handles specimens of body fluids or tissues or prepares or stores patient health care records;

- A blood bank, blood center or plasma center that subjects a person to a test;

- A health care provider who procures, processes, distributes or uses a human body part for the purpose of ensuring medical acceptability of the donated body part;

- The State Epidemiologist or his/her designee for the purpose of communicable disease investigation or control or epidemiologic surveillance;

- A funeral director or to other persons who prepare a corpse for burial or other disposition; or to a person who performs or assists in an autopsy.

- Health care facility staff committees or accreditation or health care services review organizations for conducting program monitoring, evaluations and reviews;

- Under a court order;

- A person who conducts research, if the researcher:  
  > Is affiliated with the tested person's health care provider, and  
  > Has obtained permission to perform the research from an institutional review board, and  
  > Provides written assurance that the information will not be released and will not identify the person tested without informed consent;

- A person rendering emergency care to a victim if significant exposed;

- A coroner or medical examiner or assistant if:  
  > The HIV-infected status is relevant to the determination of cause of death, or  
  > During direct investigation, the coroner, medical examiner or appointment assistant is significantly exposed to the subject.

- A sheriff; jailer; keeper of a prison, jail or house of correction; for the purpose of assigning private cells;

- If the test results where positive and tested patient is now deceased, persons known by the deceased patient's physician to have had sexual contact or shared intravenous drug equipment with the patient;

- A person who consents for testing an individual who is under 14 years of age, or declared incompetent by a court, or in unable to communicate because of a medical condition;

- An alleged victim or victim of sexual assault, the victim or alleged victim's parent or guardian and the victim or alleged victim's health care provider;

- To a person who is significantly exposed, as defined by state statute, through certain occupations;

- To a foster parent or treatment foster parent or the operator of a group home, child caring institution or correctional facility in which a child is placed.

- If the person is a prisoner, the prisoner's health care provider and medical and intake staff of the prison or jail.