

Midwest OB/GYN & Midwifery
1.847.357.1144

General Human Immunodeficiency Virus Antibody Testing Consent Form

This test checks for antibodies to find out if you have been infected with the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS).

This test does not tell whether you have AIDS. It does show whether or not you have been infected with the HIV virus that causes AIDS.

I agree to have my blood tested for HIV. My test results will be released only to those individuals involved in the direct delivery of my test results/counseling. I have been informed that subsequent release of my test results or disclosures of medical records containing my test results are currently subject to laws.

My HIV antibody results and related documentation will be kept in my medical record.

If I have a positive test result, my midwife may ask me to inform my sexual partner(s) and/or needle sharing partner(s). If I choose not to inform my partner(s), my midwife may inform them without my consent, after attempting to notify me of her intent to inform them.

I have been told why HIV testing is being ordered and what a negative, positive or indeterminate test result means. I have also had an opportunity to ask questions and my questions have been answered.

_____ I hereby give consent for the performance of the HIV antibody test.

_____ I refuse consent for the performance of the HIV antibody test. I understand that this refusal may limit

The clinical data available to my midwife. However, this refusal will not affect my access to further care.

(Per Illinois State Law, if you refuse to consent to this test, your baby will be tested at birth.)

Signature: _____ Date: _____

Witness: _____