

**Currently Approved Wording:**

I hereby grant permission to the New York City Department of Health and Mental Hygiene to obtain specimens, perform tests and/or procedures including HIV testing unless I decline below, administer treatment, and release information to Medicaid or other third-party health care reimbursers if the information is necessary to pay for my medical care. Any questions I have regarding HIV testing have been answered, and I have been provided information with the following details about HIV testing:

- HIV is the virus that causes AIDS.
- The only way to know if you have HIV is to be tested.
- It is important for you and your medical provider to know your HIV status to properly care for you and prescribe the right drugs for you.
- HIV testing is voluntary. Consent can be withdrawn at any time.
- Several testing options are available, including anonymous testing.
- State law protects the confidentiality of HIV test results and also protects persons from discrimination based on HIV status.
- Your provider will talk to you about notifying your contacts of possible exposure, if you test positive.

I agree to testing for the diagnosis of HIV infection. I will be informed if a diagnostic HIV test is ordered. If I am found to have HIV, I agree to additional testing to determine the best treatment for me and to help guide HIV prevention programs. I understand that I can withdraw my consent for future tests at any time.

Patient:

Date:

Witness:

Check box and sign below if you are requesting that the HIV test not be performed. You may request HIV testing in the future.

I DO NOT want an HIV test at this time.      Signature \_\_\_\_\_