

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

P.O. Box 830619
Birmingham, AL 35283-0619

NOTICE AND CONSENT FOR BLOOD TESTING

NOTICE AND CONSENT FOR BLOOD TESTING WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING AND AUTHORIZATION OF RELEASE OF HIV TEST INFORMATION

EXAMINER: _____

ADDRESS: _____

To determine your insurability, the Insurer named above has requested that you provide a sample of your blood for testing and analysis. All tests will be performed by a licensed laboratory.

1. What tests may be performed?

Tests which may be performed include: determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, immune disorders, and the presence of HIV antibodies/antigens.

2. What is the HIV Antibody Test?

The HIV antibody test is a blood test. The test shows if you have antibodies to the virus that causes AIDS. A sample of your blood will be taken from your arm with a needle. If the first test shows that you have antibodies, a different test will then be done on the same blood sample to make sure the first test was right. The HIV antigen test directly identifies AIDS viral particles.

A positive test result means that you have been exposed to the virus and are infected. It does not mean that you have AIDS or that you will become sick with AIDS in the future; *but it is an indication that you may develop AIDS and may wish to consider further independent testing.*

A negative test result means that you are probably not infected with the virus. It takes the body time to produce HIV antibodies. If you have been exposed to HIV recently, you need to be retested in several months to make sure you are not infected. Your doctor or counselor will explain this to you.

3. What are the benefits of taking the test?

If you test negative:

- You can learn how to protect yourself from getting infected with the virus in the future. Ask your doctor or counselor how.

If you test positive:

- You can learn how to avoid giving the virus to others.
- Knowing that you are infected is important for your health. Your doctor can care for you better.
- If you are a woman or man who is thinking of having a child, you can learn about the risks of passing the virus to your baby.
- If you are a woman who is already pregnant, your doctor can provide information on the full range of options and services available to you.

4. Voluntary Testing

Taking an HIV antibody test is voluntary. You do not have to take the test.

If you do not wish anyone to know your test results or even that you have been tested, you can go to an anonymous test site. This is a place where you can receive counseling and the HIV test without giving your name or address. You can find the nearest anonymous test site by calling the **AIDS Hotline at 1-800-541-2437.**

5. Confidentiality of Test Results

If you take the HIV antibody test, your test results are confidential. Under New York State Law, confidential HIV related information can only be given to people you allow to have it by signing this consent and release form, or to those persons included on the back of this form.

By signing this release form, you agree that the test results will be reported by the laboratory to the insurer. When necessary for business reasons in connection with insurance you have or have applied for with the insurer, the insurer may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees or contractors. If the insurer is a member of the MIB, LLC, and if the test results for HIV antibodies/antigens are other than normal, the insurer will report to the MIB, LLC, a generic code which signifies only a non-specific blood and/or urine test abnormality. If your HIV test is normal, no report will be made about it to the MIB, LLC. Other test results may be reported to the MIB, LLC in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

If your HIV test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal, the insurer will contact you. The insurer may also contact you if there are other abnormal test results which, in the insurer's opinion, are significant. The insurer will ask you for the name of a physician, other health care provider, or other designee to whom you may authorize disclosure and with whom you may wish to discuss the results. *If you elect to receive the HIV test results directly, you may call the State Health Department's toll-free number for further information about AIDS, the meaning of HIV test results and the availability and location of HIV counseling services. You should consult your physician about the meaning of and need for counseling, where appropriate, as to the HIV test results.*

6. Risks Involved with Disclosure and Sources of Help

If you test positive, you should be careful about telling others what your test showed. Some HIV positive people have been discriminated against by employers, landlords and others. If you experience discrimination because of release of HIV related information, you may contact the New York State Division of Human Rights at (212) 870-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

7. For More Information

If you have further questions about informed consent for HIV antibody testing, you may contact the New York State Department of Health at (518) 486-1595.

Name and address of facility/provider obtaining release:	
Name: _____	
Address: _____	
Name of person whose HIV related information will be released: _____	
Name and address of person signing this form (if other than above):	
Name: _____	
Address: _____	
Relationship to person whose HIV information will be released: _____	
Name and address of person who will be given HIV related information:	
Name: _____	
Address: _____	
Reason for release of HIV related information: _____	
Time during which release is authorized: From: _____ To: _____	

My questions about this form have been answered. I know that I do not have to allow release of HIV related information, and that I can change my mind at any time.

Date

Signature

My questions about the HIV test have been answered. I agree to take the HIV antibody test.

Date

Signature of person who will be tested

Signature of person authorized to consent for person to be tested

Name of person who will be tested (*Please print*)

Name of person authorized to consent (*Please print*)

I have explained the means by which the HIV antibody test is done, the meaning of the results and the possible consequences of disclosure of the test results to the individual above, and have answered any questions she/he had about the test.

Name

Title

Facility/Provider Name

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HIV RELATED INFORMATION - NEW YORK

Who Can Receive HIV Related Information?

Under New York State Public Health Law, HIV related information is confidential and may only be given:

- a. To you (or a person authorized by law who consented to the test for you);
- b. To anyone whom you have specifically authorized to receive such information by signing a written release;
- c. To a health care facility (such as a hospital, blood bank, or clinical laboratory) or a health care provider (such as a physician, nurse, or mental health counselor) providing care to you or your child, and anyone working for such a facility or provider who reasonably needs the information to supervise, monitor or administer a health service;
- d. To a person who your doctor believes is at significant risk for HIV infection, if you do not notify that person after being counseled to do so;
- e. To a committee or organization responsible for reviewing or monitoring a health facility;
- f. To a federal, state, country, or local health officer when state or federal law requires disclosure;
- g. To a government agency, when the agency needs the information to supervise, monitor or administer a health or social service;
- h. To an authorized foster care or adoption agency;
- i. To insurance companies and other third party payors such as Medicaid, if necessary for the payment of services to you;
- j. To any person to whom a court orders disclosure under limited circumstances set forth by law. Except in an emergency situation, advance notice and an opportunity to oppose the release of such information would be given to you;
- k. To the Division of Parole, the Division of Probation, the Commission of Correction, or a medical director of a local correctional facility, as permitted by HIV confidentiality regulations of such organization;
- l. By a physician to the person who consents for your health care (parent, guardian, etc.) if disclosure is necessary to provide timely care for you, and you have been counseled regarding the need for disclosure. A physician may not disclose such information if it is against your best interest to do so.

You can ask your doctor if HIV related information about you has been released to anyone listed above.