

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

INFORMED CONSENT AND AGREEMENT TO HIV TESTING

EXAMINER: _____ ADDRESS: _____

I understand the following information, which I have read or has been read to me.

Blood, or another body fluid or tissue sample, will be tested for the human immunodeficiency virus (HIV), the virus that causes AIDS; Consent to be tested for HIV should be given FREELY; Results of this test, like all medical records, are confidential, but cannot be guaranteed; If positive test results become known, an individual may experience discrimination from family or friends and at school or work.

WHAT A NEGATIVE RESULT MEANS:

A negative test means that HIV infection has not been found at the time of the test.

WHAT A POSITIVE RESULT MEANS:

A positive HIV test means that a person is infected with HIV and can transmit the virus by having sex, sharing needles, childbearing (from mother to child), breastfeeding, or donating organs, blood, plasma, tissue, or breast milk. A positive HIV test DOES NOT mean a diagnosis of AIDS. Other tests are needed.

WHAT WILL HAPPEN IF THE TEST IS POSITIVE:

A copy of the Department of Health and Mental Hygiene's publication "Information for HIV Infected Persons" will be provided; The local health department or my doctor will offer advice about services which are available; Women who are pregnant or may become pregnant will be told of treatment options which may reduce the risk of transmitting HIV to the unborn child; My unique identifying number (UI), see below, will be given to the health department for tests that indicate HIV infection. This includes, but is not limited to: HIV Antibody (Western blot), HIV Viral Load (RNA or DNA quantification), HIV viral sequencing or HIV p24 antigen tests; My name will be reported to the local health department if my doctor finds that I have AIDS; The health department or my doctor will offer assistance in notifying and referring my partners for service. If I refuse to notify my partners, my doctor may notify them or have the local health department do so. If local health department staff notify my partners, my name will not be used. Maryland law requires that when the local health department knows of my partners, it must refer them for care, support, and treatment.

I have checked below if I do not want the last 4 digits of my Social Security number used to create a unique identifying (UI) number.

I DO NOT authorize the use of the last 4 digits of my Social Security number to create a unique identifier.

I have had a chance to have my questions about this test answered.

I hereby agree to be tested for HIV.

Print Name of Person(s) Tested: _____

Signature of Person or Authorized Substitute Date Signature of Counselor

UI NUMBER

LAST 4 DIGITS SSN

DATE OF BIRTH

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RACE-ETHNICITY

SEX

CODES:

RACES/ETHNICITY: 1-White, Not Hispanic; 2-Af. Am., Not Hispanic; 3-Hispanic; 4-Asian/Pacific; 5-Am. Indian/AK. Native; 6-Other; 9-Undetermined

SEX: 1-Male; 2-Female