

Good Samaritan Health & Wellness Center
Policies and Procedures

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| Subject: Consent for HIV Antibody Test | Policy #: 5.31 |
| Prepared by: | Revision #: 2 |
| Approved by: Board of Directors | Effective Date: 12/17/2015 |

5.31 Consent for HIV Antibody Test

OBJECTIVE:

To offer education and testing for the Human Immunodeficiency Virus (HIV) and to maintain confidentiality of the patients test results.

PROCESS/PROCEDURE:

The Human Immunodeficiency Virus (HIV) antibody test is a blood test to detect whether or not a person has antibodies in his or her blood to HIV.

All patients, or his or her legal guardian, must sign the attached consent form before a HIV test maybe performed. The form must also be witnessed by the provider or nurse who explains the process of testing to the patient.

Records of this test will be maintained in files at Good Samaritan Health & Wellness Center, where the test was authorized and conducted. Only authorized personnel of Good Samaritan Health & Wellness Center will have access to these files. The information about HIV testing in these records is considered confidential; it will not be released to another person, physician, or employer, without written permission from the patient except as provided by law. HIV test information may legally be provided to other health care professionals or institutions that have a need to know in order to make decisions about the patient's medical treatment. The test results will be returned in about one week. The patient must return to the office in person to obtain the test results. HIV results cannot be given over the phone.

The information may be compiled for public health statistics for research purposes, but in these situations personal identifiers are not used.



Good Samaritan

HEALTH & WELLNESS CENTER

Restoring Health. Saving Lives.

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Consent to HIV Antibody Testing

I have been requested by my physician, _____

To submit to serologic testing for antibodies to the HIV virus (Human Immunodeficiency Virus), which causes AIDS (Acquired Immunodeficiency Syndrome).

I give my permission for Good Samaritan Health & Wellness Center, and its representatives to collect one or more specimens of my blood in order to detect whether or not I have antibodies in my blood to the HIV virus.

Results cannot be given over the phone. You will have to make a follow-up appointment to get the results.

I understand that my physician will notify me of the results of this test, via appointment only, and that these test results will be placed in my Good Samaritan Health & Wellness Center records. I hereby consent to the HIV test being done.

I also understand that the results of this test will be kept confidential.

Patient Signature

Date

Witness

Date