

CONSENT FOR HIV BLOD TEST

Patient Name(print): _____

Date of Birth: _____

I, _____, voluntarily consent to be tested for the Human Immunodeficiency Virus (HIV) which is the causative agent of acquired Immunodeficiency Syndrome (AIDS). I understand that I can refuse this test, as any other laboratory tests. However, I am aware that if I am a virus carrier and I refuse the test, this can result in inappropriate or inadequate care that may affect my overall health and the health of my unborn child (if pregnant). The test is performed through a blood specimen collection. I understand my results will be released only to the physician who ordered it, and other persons only as required by law.

Patient Signature/Legal

Representative: _____ Date: _____

A person legally authorized to consent to the test on the patient's behalf may sign for the patient if the patient is unable to do so or is under 18 years of age. This form complies with the requirements of the Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Chapter 81.