

**WALTER REED ARMY MEDICAL CENTER**  
**INFORMED CONSENT AND AGREEMENT TO HIV TESTING**

With my signature below I acknowledge that I have read (or have had read to me) and understand the following information:

**Facts about HIV testing**

**I HAVE BEEN TOLD THAT:** (1) My blood will be tested for signs of an infection by the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome AIDS; (2) My consent to have my blood tested for HIV must be freely given and (3) I understand that the results of this test will be kept confidential in accordance with the guidelines in AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV), dated 22 April 199

**What a NEGATIVE HIV test result means:**

- a) In most instances, a negative HIV test means that a person is not infected by HIV.
- b) However, it can take 3 to 6 months (or longer) for the HIV ANTIBODY test to become positive AFTER infection has occurred.

**What a POSITIVE HIV test result means:**

- a) A positive HIV test means that I have the HIV infection and can spread the virus to others by having sex or sharing needles. In this case I would be offered a second test for confirmation of the HIV infection.
- b) A positive HIV test DOES NOT mean that I have AIDS- other tests are needed to determine that.

**Individual Notification Procedures:**

- a) I will be privately notified of my test results by my ordering clinician in accordance with AR 600-110.
- b) My test results will be managed in accordance with the provisions of AR 600-110.
- c) I will be provided with information about HIV and its prevention.
- d) If my test result is positive, the requesting physician and the Preventive Medicine Service at WRAMC will provide consultation and appropriate medical management.
- e) The Preventive Medicine Service WRAMC, will assist me in notifying and referring any sexual and/or needle partners for medical services without identifying me as the person who made their identities known.
- f) If I refuse to notify my sexual and/or needle partners, the Preventive Medicine Service will notify them or have the local health department do so without identifying me as the person who made their identities known.

**Check one box**

- I agree to have my blood drawn for the HIV antibody test
  
- I refuse to have my blood drawn for the HIV antibody test.

**PATIENT IDENTIFICATION** (for typed or written entries give:)  
SSN, Name-last, first, middle; date of birth; home and work phone no.

Date \_\_\_\_\_ Signature of Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Signature of Clinician \_\_\_\_\_

Original- Patient  
Copy- convenience file