



## HIV Testing Consent Form

Before consenting to testing, please read the following important information:

- 1. Purpose.** This test is being performed to determine whether you may have been infected with HIV. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
- 2. Positive Test Results.** If you test positive, it does not mean that you have AIDS, but that you may be at significantly increased risk of developing problems with your immune system. If you test positive, you should consult with your in-person physician, a public health clinic or an AIDS information organization to gain more information on the medical implications of a positive test result.
- 3. Accuracy.** An HIV antibody/antigen test is reliable, but not 100% accurate. It is possible, but rare, that an HIV antibody/antigen test may provide a positive result even if you are not infected. In this case, retesting should be done to confirm the validity of a positive test. It is also possible that an HIV antibody/antigen test may provide a negative result, even though you are infected. This happens most commonly in recently infected persons; it takes at least 4–12 weeks for a positive test result to develop after a person is infected.
- 4. Confidentiality.** All test results will be treated confidentially. However, in signing this Notice and Informed Consent Form, you authorize 98point6 to report the test results to the Department of Health and contacts, as needed, to meet state reporting requirements.
- 5. Disclosure of Results.** Under Nebraska law, you are to be informed of the HIV test results. When your results are available, 98point6 Patient Support will call and notify you your results are available and ask that you start a follow-up visit in the 98point6 app to speak directly with a physician who will go over the results with you. If the HIV test is positive, 98point6 will provide resources to assist with coordinating follow-up care with a local provider who specializes in the treatment of HIV.

By signing below, I confirm that a 98point6 physician has discussed HIV lab testing with me. I agree to be tested for HIV infection. If the results show I have HIV, I agree to additional testing, which may occur on the sample I provide to the lab, to determine the best treatment for me and to help guide potential participation in HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time. If I test positive for HIV infection, I understand that a 98point6 physician will talk with me about informing my sexual or drug use partners of possible exposure.

I may revoke my consent verbally or in writing at any time. As long as this consent is in force, 98point6 may order additional tests without asking me to sign an additional consent form. In those cases, 98point6 will tell me if other HIV tests will be ordered and will note this in my medical record.

Patient Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_