

OHIO DEPARTMENT OF HEALTH  
**INFORMED CONSENT TO HIV\* ANTIBODY TEST SERIES**  
(Testing for the AIDS Virus)

Case Code:

**\*Human Immunodeficiency Virus**

Before an HIV Antibody test can be given in Ohio, consent is needed. If you have any questions, please ask your doctor or counselor.

**1. What is the HIV Antibody Test?**

The HIV antibody test is a blood test. The test shows if you have antibodies to the virus that causes AIDS. A sample of your blood will be taken from your arm with a needle. If the first test shows that you have antibodies, a series of tests including a different test will then be done on the same blood sample to make sure the first test was right. A positive test result means that you have been exposed to the virus and are infected. It does not mean that you have AIDS or that you will necessarily become sick with AIDS in the future. A negative test means that you are probably not infected with the virus. It takes the body time to produce HIV antibodies. If you have been exposed to HIV recently, you need to be retested in several months to make sure you are not infected. Your doctor or counselor will explain this to you.

**2. Voluntary Testing**

Taking an HIV antibody test is voluntary. You do not have to take the test. Consent may be withdrawn at any time before you leave the premises where your blood is drawn for the test. If you are under age 18, you may consent to be given an HIV test. If you do not wish anyone to know your test results or even that you have been tested, you can go to an anonymous test site. This is a place where you can receive counseling and the HIV test without giving your name or address. You can find the nearest anonymous test site by calling the AIDS Hotline (1-800-332-AIDS).

**3. Behaviors that Pose Risk**

Most AIDS infections are through certain sexual activities or sharing of intravenous needles. Either anal or vaginal intercourse with an infected individual can transmit the virus. Oral intercourse with an infected individual may also spread the infection. An infected woman can pass the virus on to her unborn child.

**4. What is the Value of an HIV Antibody Test?**

*If you test negative:*

- You can learn how to continue to avoid getting infected, ask your counselor for advice. Getting education through counseling is the key to preventing the spread of AIDS.

*If you test positive:*

- You can learn how to avoid giving the virus to others.
- With this information your doctor can take better care of you.
- If you are a woman or a man thinking about having a baby, you can learn about the risk to your baby.

**5. Confidentiality of Test Results**

If you take the HIV antibody test, your test results are confidential. Under Ohio Law, confidential HIV related information can only be given to people you allow to have it by signing a release form or to those persons listed below.

**6. Risks Involved with Disclosure and Sources of Help**

If you test positive, you should be careful about telling others what your test showed. Some HIV positive people have been discriminated against by employers, landlords and others. If you experience discrimination because of release of HIV related information, you may contact the Ohio AIDS Hotline (1-800-332-AIDS).

**7. For More Information**

For a list of resources for further counseling or support, ask your doctor or counselor. If you have further questions about HIV antibody testing, you may contact the Ohio AIDS Hotline (1-800-332-AIDS).

**Who Can Receive HIV Related Information?**

Under Ohio State Public Health Law, HIV related information is confidential and may only be given to: (A) YOU; (B) Your legal guardian; (C) Your spouse or sexual partner; (D) Person authorized by you or your guardian in written release; (E) Your physician; (F) The Department of Health or a health commissioner; (G) Agencies involved in screening your donated blood parts; (H) Health care facility groups conducting program reviews; (I) Law enforcement authorities with a search warrant or a subpoena; (J) Health care providers who are treating or caring for you. You have the right to ask the person who tested you if HIV related information has been released to anyone listed above.

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**I have reviewed the information in the *Informed Consent to HIV Antibody Test Series* form. My questions about the HIV test have been answered. I agree to participate in the HIV antibody test series which includes initial testing and follow-up testing at six (6) weeks, twelve (12) weeks, six (6) months, and one (1) year.**

**Notice:** Dates of blood collections and test results are kept on file with the physician of record or at The Miami University Student Health Service and will not be disclosed without your expressed written consent.

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Signature of person who will be tested (or guardian, if appropriate)

\_\_\_\_\_  
Date