

Informed Consent for HIV Testing

I, _____, understand that a test will be performed to determine if I have been exposed to the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS).

I understand that a small amount of either blood or oral fluid will be collected for laboratory testing. If a blood specimen is required, the specimen will be collected by placing a needle in a vein – a procedure known medically as venipuncture.

I understand this is a test for antibodies to HIV, not a test for AIDS. A positive HIV antibody test means that I have been infected with HIV and my immune system has produced the antibody that attacks the virus. A positive antibody test means the virus is in my system and it could be transmitted to other people.

The North Dakota Department of Health, Division of Microbiology, conducts three tests on the specimen to verify positive HIV test results.

The Reporting Requirements: I understand that the test results may be disclosed to persons as indicated on the reverse of this form. I understand that persons involved with HIV antibody testing (e.g., private physician, hospital, HIV Counseling and Testing Sites) are required to report cases of HIV infection to the North Dakota Department of Health. If my test is positive for HIV, the following information will be reported: name, address, date of birth and gender.

Action must be taken to ensure that a good faith effort be made to notify a spouse of a known HIV-infected patient that such spouse may have been exposed to HIV and should seek testing. A spouse is any individual who is the marriage partner of an HIV-infected patient, or who has been the marriage partner of the patient at any time within the 10-year period prior to the diagnosis of HIV infection. The spouse is informed of only the need for testing, not the source of the potential infection. I also understand that I may be contacted for purposes of obtaining names of individuals whom I may have exposed either through the sharing of intravenous drug needles or through sexual contact.

The results of this test will be revealed to me in person only upon my return to the test site. Results will not be delivered by telephone or mail.

I understand that all information will remain confidential except as described. My written authorization is required for disclosure of test results beyond those exceptions. I have read and understand the information on this form. I have had the opportunity to ask questions and have received satisfactory explanations.

Client _____ Date _____

Counselor _____ Date _____

**North Dakota Department of Health
HIV Test Results: Disclosure Permitted by Law**

1. Except as otherwise provided by N.D.C.C. ch. 23-07.5-06, the results of a test for the presence of an antibody to the human immunodeficiency virus may be disclosed only as follows:
 - a. To the individual who is the subject of the test (and in the case of a minor, the parent or legal guardian or custodian of the individual, or in the case of an incapacitated person, the legal guardian of the subject of the test). 45 C.F.R. § 164.512(a)(1)(i).
 - b. To the test subject's health care provider, including an agent or employee of the test subject's health care provider who provides patient care or handles or processes specimens of body fluid or tissues. 45 C.F.R. § 164.512(a)(1)(ii).
 - c. To a blood bank or facility that procures, processes, distributes, or uses a human body part, including a body part donated for a purpose specified under chapter 23-06.2, for the purpose of assuring medical acceptability of the blood or body part for the purpose intended. 45 C.F.R.
 - d. § 164.512(h).
 - e. To a state or local public health authority for the public health activities and purposes, including public health surveillance, public health investigations, and public health interventions. 45 C.F.R. § 164.512(a).
 - f. To a funeral director, consistent with applicable law, as necessary to carry out his or her duties. 45 C.F.R. § 164.512(g).
 - g. To a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight. 45 C.F.R. § 164.512(d).
 - h. To an entity for the purpose of research, if the entity obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization required by 45 C.F.R. §164.508 for use or disclosure of protected health information has been approved by either an Institutional Review Board (IRB), or a privacy board, and the research project conforms to all applicable requirements of state and federal law. 45 C.F.R. § 164.512(d).
 - i. To an exposed individual who receives test results under chapter 23-07.5 (patient or provider with a significant exposure) or § 23-07.7-02 (court-ordered sexual offense medical testing), which are disclosures required by law. 45 C.F.R. § 164.512(a).
 - j. To a correctional institution having lawful custody of an inmate, if the correctional institution represents that such protected health information is necessary for: (a) the provision of health care to the individual; (b) the health and safety of such individual or other inmates; or (c) the health and safety of the officers or employees of or others at the correctional institution. 45 C.F.R. § 164.512(k)(5).
 - k. To a court or administrative tribunal, under a lawful order of a court or administrative tribunal. 45 C.F.R. § 164.512(e).

The individual who is tested may authorize a disclosure to any person.