

Informed Consent to Perform an Expedited HIV Test in the Delivery Setting

(Please note: Either this form or the standard HIV form can be used to consent to an expedited test.)

HIV testing is voluntary and requires your consent in writing. The purpose of expedited HIV testing is to show if you are infected with HIV, the virus that causes AIDS. **If you are HIV-infected, expedited HIV testing will allow you to receive immediate medication during labor and delivery to reduce the risk of transmitting HIV to your newborn, and will allow your baby to receive the same medication immediately after birth.**

Before you consent to be tested for HIV, speak to your health care provider about:

- How HIV can be passed from person to person and mother to baby;
- The medication that has been shown in many cases to prevent the transmission of HIV from mother to baby;
- The New York State law that requires all newborns to be tested for HIV after birth (without the parents' consent); and,
- The meaning of preliminary HIV test results and how a positive HIV test will be confirmed.

If you agree with the following statements and want to consent to expedited HIV testing, please sign on the other side of this form.

I have been counseled about the benefits of having an expedited HIV test and I understand that HIV infection can be passed from mother to baby.

I understand that:

- The human immunodeficiency virus (HIV) is the virus that causes AIDS.
- One of the ways that HIV is spread is by sexual intercourse, so all pregnant women are potentially at risk for HIV infection.
- HIV can be passed from a mother to her baby during pregnancy, at delivery, and through breastfeeding.
- If I have HIV, it is a serious illness that can affect my health and the health of my baby.
- HIV antibody test results are confidential and the law protects me from discrimination related to HIV.

If I am found to be HIV-infected, treatment is available to reduce the risk that my baby will be infected:

- If I have not yet delivered my baby, I may receive medication as soon as possible which may greatly reduce the chance of my passing the virus to my baby.
- My baby may receive medication which reduces the risk of his/her becoming HIV-infected.
- If medication to reduce the risk of transmission of HIV is given to me during labor and delivery, or to my newborn immediately after birth, the chance that my baby will be HIV-infected is significantly reduced.
- If treatment is started, my health care provider will discuss any consequences of taking the medication with me.

New York State has a Newborn Screening Program:

- If I do not consent to expedited testing now, my baby will be tested for HIV without consent immediately after birth.
- All babies born in New York State are also routinely tested for HIV as a part of the Newborn Screening Program; the test results are reported to their mothers.

The test I am consenting to take will provide me and my health care provider with results within 12 hours:

- If I have the expedited HIV test, I will be given the results no later than 12 hours after my blood is drawn.
- If the expedited HIV test result is negative, no further testing will be done at this time.
- If my expedited HIV test result is negative, it most likely means that I am not infected with HIV, but it may not show recent infection.
- A positive preliminary HIV test result means that there is a possibility that I am HIV-infected and that my baby may have been exposed to HIV. A second test, to confirm a preliminary positive HIV test result, will be done.
- I understand that if my preliminary test result is positive, I still may not have HIV infection (false positive tests can occur) but that it may be best to start treatment to help prevent the transmission of infection to my baby while I wait for the confirmatory test result.
- If my preliminary HIV test result is positive, my health care provider will advise me not to begin breastfeeding until the confirmatory test is done.

All preliminary positive test results will be confirmed:

- If the confirmatory HIV test result is negative, both my baby and I will immediately be taken off medication if it was started to help prevent transmission of HIV from me to my baby.
- If the confirmatory test is positive, any medication that was begun to help prevent transmission of HIV from me to my baby will be continued.
- If my confirmatory test is positive, further testing will be needed to determine whether or not my baby has HIV infection.
- If the confirmatory test is positive, I will be referred to a physician for my own ongoing medical care and I will be referred to a health care provider who will take care of my baby’s medical needs.

Confidentiality of HIV Information:

If you take the HIV antibody test, your test results are confidential. Under New York State law, confidential HIV information can only be given to people you allow to have it by giving your written approval, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. The law also allows your HIV information to be released under certain limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment.

Reporting Requirements:

Your name will be reported to the Health Department if you have a confirmed positive HIV antibody test result received through a confidential test, other HIV-related test results, a diagnosis of AIDS, or if you have chosen to attach your name to a positive test result at an anonymous site. The Health Department will use this information to track the epidemic and to better plan prevention, health care and other services.

Notifying Partners:

If you test HIV positive, your provider will talk with you about the importance and benefits of notifying your partners of their possible exposure to HIV. It is important that your partners know they may have been exposed to HIV so they can find out whether they are infected and benefit from early diagnosis and treatment. Your provider may ask you to provide the names of your partners, and whether it is safe for you if they are notified. If you have been in an abusive relationship with one of these partners, it is important to share information with your provider. For information regarding services related to domestic violence, call 1-800-942-6906.

- Under state law, your provider is required to report to the Health Department the names of any of your partners (present and past sexual partners, including spouses, and needle sharing partners) whom they know.
- If you have additional partners whom your provider does not know, you may give their names to your provider so they can be notified.
- Several options are available to assist you and your provider in notifying partners. If you or your provider do not have a plan to notify your partners, the Health Department may notify them without revealing your identity. If this notification presents a risk to you, the Health Department may defer the notification for a period of time sufficient to allow you to access domestic violence prevention services.
- If you do not name any partners to your provider or if a need exists to confirm information about your partners, the Health Department may contact you to request your cooperation in this process.

Confidentiality of HIV Test Results and Related Information:

If you feel your confidentiality has been broken, or for more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065. Any health or social service provider who illegally tells anyone about your HIV information may be punished by a fine of up to \$5,000 and a jail term of up to one year. The law also protects you from HIV-related discrimination in housing, employment, health care or other services. For more information, call the New York State Division of Human Rights at 1-800-523-2437.

My questions about the HIV antibody test were answered. I agree to be tested for HIV.

Signature: _____ Date: _____

I provided pre-test counseling in accordance with Article 27-F of the New York State Public Health Law. I answered the above individual’s questions about the test and offered her an unsigned copy of this form.

Signature: _____ Title: _____

Facility/Provider Name: _____