

# Model for General Medical Consent that Includes Written Consent for HIV Testing

## Use Sample A OR Sample B

### Sample A – Consent for Medical Treatment

Use your facility's general medical consent but amend to include the following:

I have been given information regarding HIV testing, how HIV can be transmitted, that there is treatment for HIV/AIDS, how to keep myself and others safe from HIV infection, that testing is voluntary and can be done anonymously, how my HIV-related information will be kept confidential and what laws protect people with HIV/AIDS from discrimination. I understand that the results will be documented in my medical chart.

Consent for HIV-related testing remains in effect until I revoke it, or until the following date \_\_\_\_\_.

I may revoke my consent orally or in writing at any time. As long as this consent is in force, \_\_\_\_\_ (provider name or facility) may conduct additional tests on me without asking me to sign another consent form. In those cases, my provider will tell me if other HIV tests will be performed and will make a note in my medical record.

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

☐ I do not want an HIV test

Signature: \_\_\_\_\_  
Patient or person authorized to consent

### Sample B – Consent for Medical Treatment

Use your facility's general medical consent but amend to include the following:

I have been provided information about HIV and I accept testing,

☐ No, I don't want an HIV test at this time.

Signature: \_\_\_\_\_  
Patient or person authorized to consent