



Contra Costa Health Services Public Health Division

White: Site Copy  
Yellow: CIF Copy  
Pink: Client Copy

## Consent for HIV Antibody Test – Confidential

**Client initials**

I have been informed of the differences between anonymous and confidential HIV testing. I understand that HIV positive test results and related information will be reported to the California State Department of Health Services as required by law. The information will be maintained confidentially.

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Giving your Social Security Number (SSN) is voluntary.

I have been informed about the limitations and implications of HIV tests. I understand that an HIV test's accuracy and reliability are not 100% certain.

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**Client initials      Rapid Testing Only**

I have been informed that I will receive my initial HIV test result before I leave today. I understand that a negative test result does not require confirmation.

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I have been informed that a reactive rapid HIV test result must be confirmed by a laboratory-based test. I consent to give a blood or oral fluid sample for this confirmatory test if my initial test result is reactive.

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I understand that this is a confidential test and that its results will be released only to those health care practitioners within the Health Services Department who are directly responsible for my care and treatment. I further understand that with the exception of specific persons as allowed by law, no additional release of the results will be made without my written authorization.

By my signature below, I acknowledge that I have been given information concerning the benefits and risks of HIV testing and have had a chance to ask questions which were answered to my satisfaction. I consent to submit a blood or oral fluid sample to be tested for HIV.

Date	Time	Signature
Social Security Number	Printed Name (Last, First)	

**Client Initials      Contact Information**

I understand that if I miss my follow-up appointment to learn my test results, a Health Services Department employee may attempt to contact me.

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Address	City	State/ZIP Code
Home Phone	Alternate Phone	Date of Birth
Additional contact instructions:		