

**Department of Public Health and Human Services  
Consent for HIV Test (Insurance Related)**

INSURER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

When you sign this consent form, you are saying you have freely chosen to have an HIV test which is the test for the Human Immunodeficiency Virus (HIV). Please initial each part you agree with.

\_\_\_\_\_ I have been told that the HIV test cannot tell me if I have AIDS. It can only tell me if I have been infected with HIV, the virus that causes AIDS.

\_\_\_\_\_ I have been told that a negative test result means that the HIV virus was not found in my body fluids at this time and a positive test result means that I have been infected with the HIV virus.

\_\_\_\_\_ I have been told a negative result does not guarantee that I have escaped infection with the virus. If I was recently infected with the virus, I may test negative for antibodies to the virus at this time. I may need to be tested again.

\_\_\_\_\_ I have been told how to prevent getting the HIV virus and how to avoid giving the virus to others.

\_\_\_\_\_ I have been told that my HIV test result is a confidential medical record and is protected by Montana law. Medical information can be released only with my consent; or under conditions specified by the Uniform Health Care Act (Title 50, Chapter 16, Part 6, Montana Code Annotated).

\_\_\_\_\_ I have been told anonymous (nameless) testing is available at several places in Montana. I can get a list of these places by calling the Montana Department of Public Health and Human Services (MDPHHS) at 1-800-233-6668. This is a free call.

\_\_\_\_\_ I have been told that all HIV test results are reported without names to the MDPHHS for statistical purposes.

\_\_\_\_\_ I have been told if I am having an HIV test for insurance reasons that I may get a copy of my negative results from my insurance company. My insurance company will give any positive test results to the health care provider that I list on the space provided below. I can obtain those results from that provider.

\_\_\_\_\_ I have read the information pamphlet called *Who Should Get an HIV Test*. I have had all my questions answered. I have been told I can get answers to any questions as they come up.

\_\_\_\_\_ Using the information given to me, I choose to have the HIV test. I may withdraw my consent at any time up until the sample is taken.

I authorize \_\_\_\_\_ to receive  
(Health Care Provider Name & Address)  
and inform me of my test results.

Date \_\_\_\_\_ Patient \_\_\_\_\_