

NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING

3275 Bennett Creek Avenue Frederick, Maryland 21704 (301) 279-4800

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needles shared during intravenous drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs and sexual contacts with any of these persons. Symptoms of HIV infection may include but not be limited to fever, sweats, lethargy, headache, aching of the muscles and joints, diarrhea, sore throat, lymph node enlargement, unintentional weight loss, and a skin rash.

To evaluate your insurability, the Insurer named above has requested that you provide a sample of your blood for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies and other tests which may include tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, or immune disorders. By signing and dating this form you agree that these tests may be done and that underwriting decisions will be based on the test results. Regarding the HIV test, a series of three tests will be performed by a licensed laboratory through a medically accepted procedure. An initial ELISA blood test will be done. If that is positive it will be repeated. If the second is positive a Western Blot test will be done.

Many public health organizations have recommended that before taking an AIDS-related blood test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested. A list of counseling resources is attached.

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at a significantly increased risk of developing problems with your immune system and that you can transmit the virus to someone else. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

All tests results will be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the insurer who have responsibility to make underwriting decisions on behalf of the insurer or to outside legal counsel who needs such information to effectively represent the insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for preparation of statistical reports that do not disclose the identity of any particular person.

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the insurer as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test result means, you are asked to list your private physician so that the insurer can have him or her tell you the test result and explain its meaning.

Name of physician for reporting a possible positive test result:

Address

If you do not wish to know the results of the tests, initial here:______. In the event the test is positive and you are denied coverage because of that fact and you request the reason for the denial the insurer may require you to name a physician at that time in order to receive the information.

If you want to know the results of the test but do not at present have a private physician, initial here:_____. The result will be sent to you at the address provided by registered mail with delivery restricted to you only. If you desire the results to be mailed to some person other than yourself who is not a physician, print that person's name and address here:______

______. The result will be sent to that person by registered mail with restricted delivery.

Consent

I have read and I understand this Notice and Consent for AIDS-Related Blood Testing. I voluntarily consent to the withdrawal of blood from me by needle from a vein or from a finger, the testing of that blood, and the disclosure of that test result as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if that test result is positive.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original. In the event the applicant is a minor, this authorization must be approved by a parent/guardian of the applicant in the space provided.

Signature of Proposed Insured	Social Security No.	Date
Witness		Date
<u>APPROVED</u> (if minor, 17 and under):	Parent - Guardian (circle one)	
Signature of Parent or Guardian		Date
Address		

HIV TEST COUNSELING RESOURCES LIST

Public health authorities urge that everyone become educated about how to protect themselves from HIV infection. If you have questions or concerns, your own physician or health care provider is your best source of information. Other counseling services may also be available to you.

As required by California law, the following list of counseling resources is being provided to you. It was compiled from publicly available information, which is subject to change without notice to the Insurer named on the reverse. Therefore, the Insurer makes no representations or warranties that this information is accurate as of the date you receive this list. Also, the Insurer makes no representations or warranties about the quality or nature of any services these resources may provide.

This is not a complete list of all resources that may be available to you. If you need further information, we suggest you contact your own physician or health care provider, your county health department, or your local chapter of the American Red Cross.

<u>AIDS HOTLINE</u> U.S. Public Health Service (800) 342-AIDS

SPANISH AIDS HOTLINE (800) 222-AIDS

AIDS HOTLINE - SOUTHERN CALIFORNIA (800) 922-AIDS

SAN FRANCISCO AIDS FOUNDATION (415) 864-5855 San Francisco

CALIFORNIA DEPT. OF HEALTH SERVICES Statewide Services - Office of AIDS (916) 323-7415 Sacramento

AIDS HEALTH EDUCATION AND INFORMATION PROJECT (213) 427-7421 Long Beach

SAN DIEGO AIDS PROJECT (619) 543-0300 San Diego

NATIONAL AIDS RESEARCH AND EDUCATION (415) 626-8784 San Francisco

INLAND EMPIRE AIDS COORDINATION AND EDUCATION PROJECT (714) 825-7510 Riverside

AIDS PROJECT, HEMOPHILIA COUNCIL (714) 834-2604 Santa Ana

CENTRAL VALLEY AIDS TEAM (209) 264-AIDS Fresno SACRAMENTO AIDS FOUNDATION (916) 448-2437 Sacramento

SAN JOAQUIN AIDS FOUNDATION (209) 476-8533 Stockton

AIDS EDUCATION PROGRAM (916) 225-6173 Redding

LOS ANGELES COUNTY AIDS EDUCATION PROGRAM (213) 730-3613 Los Angeles