

# CONSENT FOR C.E.T. TESTING

Patient's Name: (Please Print Clearly): \_\_\_\_\_

I am consenting to be tested to see whether I have been infected with the Human Immunodeficiency Virus (HIV), which is the probably causative agent of Acquired Immune Deficiency Syndrome (AIDS) and/or any other testing performed by C.E.T. Medical Staff whether by blood or urine.

## THE MEANING OF C.E.T. TESTS

C.E.T. tests are not testing for AIDS, but only for the presence of HIV. Being infected with HIV does not mean that I have AIDS or that I will have AIDS or other related illnesses. Other factors must be reviewed to determine whether or not I have AIDS.

Most test results are accurate, but sometimes the results are wrong, or uncertain. In some cases relating to HIV, the test results may indicate that the person is infected with HIV when the person is not (false positive). In other cases, the test may fail to detect that a person is infected with HIV when the person really is (false negative). Sometimes the test cannot tell whether or not a person is infected at all. If I have been recently infected with HIV, it may take some time before a test will show the infection. For these reasons, I may have to repeat the test.

## CONFIDENTIALITY

California law limits the disclosure of my HIV test results. Under the law, no one but my doctor and other care givers are informed about the test results unless I give specific written consent to let other people know. Additionally, doctors may inform my spouse, any sexual partner(s), or the county health officer. All information relating to this test is kept in my medical record.

## MORE INFORMATION

The undersigned certify that they have read the foregoing and are the patient.

**This authorization will remain in effect unless changed otherwise by my written request.**

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

PLEASE NOTE: State Law requires Cutting: Edge Testing: to notify the Los Angeles County Department of Health Services if you test positive for any sexually transmitted disease. Where would you like us to contact you if needed?

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