



SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MEDICAL RECORD NUMBER	ATTENDING PHYSICIAN	
PATIENT NAME			DATE OF BIRTH

CONSENT TO TEST FOR HIV (For Persons who are in treatment for HIV Infection).

Consent valid from ___/___/___ through ___/___/___ .

- 1 I hereby authorize Children's Hospital of Wisconsin, its agents and employees, to perform blood tests to monitor the amount of HIV virus in my blood (viral load) in order to observe my treatment status. I have been informed by my physicians that it is important to my health care to have this test performed.
2. The proposed test and the procedure for obtaining a specimen have been explained to me, including the risks and benefits and possibility of complications, which include, but are not limited to, bruising, soreness and a minor risk of infection.
3. I understand that under sec. 252.15 of the Wisconsin Statutes my test results may be released to certain persons, as listed on the back of this form. I further understand that the Hospital will maintain a record of this consent, my test results, and my consent, if any, for disclosure of my test results to any additional individuals I may specify.
4. I understand and authorize that my test results may be released to any person who receives information from copies of my patient health care records pursuant to my written consent in the future, unless I specify otherwise in such future written consent. The result may be released to any health care provider, physician, student, employee, or agent exposed to blood or body secretions of the patient. Also, I authorize to release to my Third Party For The Purpose of Billing Procedures.
5. My signature below constitutes my acknowledgment that: 1) I have read and agree to the foregoing; 2) the proposed testing has been satisfactorily explained to me and that I have all the information I desire; and 3) I hereby consent to testing for HIV infection, the virus that causes AIDS, and release of the test results as specified above.

Date

Signature

Relationship to patient

- Parent Legal Guardian Self (if 14 years of age or older)

Date

Signature

OPTIONAL

I understand that repeated testing may be required for the next 24 months. I give my consent for multiple testing as described above with the acknowledge that I may refuse such test at a later date.

Date Signature (as above) Date Witness

Referring providers please fax this consent along with the Lab Order to Children's Hospital of Wisconsin:

- For non-surgical patients, fax the completed forms to (414) 266-2597.
For surgical patients, fax the completed forms to (414) 266-3378.



DISCLOSURE OF HIV TEST RESULTS

HIV test results may be disclosed without informed consent to the following persons or in the following circumstances:

1. To the subject of the test and, if the test subject has executed a power of attorney for health care instrument and has been found to be incapacitated, the health care agent;
2. To a health care provider who provides care to the test subject, including those instances in which a health care provider provides emergency care to the test subject;
3. To an agent or employee of a health care provider who handles or processes specimens of body fluids or tissues, who provides patient care or who prepares or stores patient health care records;
4. To a blood bank, blood center, or plasma center that subjects a person to a test;
5. To a health care provider who procures, processes, distributes or uses donated human body parts for the purpose of assuring the medical acceptability of the gift for the purpose intended;
6. To the state epidemiologist or his or her designee for purposes of providing epidemiological surveillance or investigation or control of communicable disease;
7. To a funeral director, or other persons who may prepare the body of a decedent for burial or other disposition, or to a person who performs an autopsy or assists in performing an autopsy;
8. To health care facility staff committees or accreditation or health care services review organizations for the purposes of conducting program monitoring and evaluation and health care services reviews;
9. Under a lawful order of a court of record;
10. To persons conducting research, for purposes of research: if the researcher: (a) is affiliated with the health care provider who is providing care to the test subject; (b) has obtained permission to perform the research from an institutional review board; and (c) provides written assurance to the person disclosing the test results that the use of the information requested is only for the purpose under which is provided to the researcher, the information will not be released to a person not connected with the study, and the final research product will not reveal information that may identify the test subject unless the researcher first receives informed consent for disclosure from the test subject.

A private pay patient may deny researchers access to disclosure of his/her test results if he/she annually submits to the maintainer of his/her test results a signed written request that denial be made;

11. To a person, including a good samaritan, who renders emergency care to the test subject during the course of which the emergency caregiver is significantly exposed to the test subject, if a physician, based on information provided to the physician, determines and certifies in writing that such person has been significantly exposed and if the certification accompanies the request for disclosure;
12. If the test subject is deceased and his/her death is under direct investigation by a coroner, medical examiner or appointed assistant to the coroner, medical examiner or appointed assistant if: (a) the possible HIV-infected status is relevant to the cause of death; or (b) the coroner, medical examiner or appointed assistant is significantly exposed to the test subject's body and a physician, based on information provided to the physician, determines and certifies in writing that the coroner, medical examiner or appointed assistant has been significantly exposed and the certification accompanies the request for disclosure;
13. To a sheriff, jailer, keeper of a prison, jail or house of correction, or a person designated with custodial authority by a sheriff, jailer or keeper, to whom disclosure is necessitated in order to permit the assigning of a private cell to the test subject;
14. If the test subject is deceased and his/her test results are positive, the test results may be disclosed by test subject's attending physician to persons, if known to the physician, with whom the test subject has had sexual contact or shared intravenous drug paraphernalia;
15. To anyone who provides consent for the testing, including the legal guardian of a person who has been adjudicated incompetent, the parent or legal guardian of a minor under 14 years of age, or the individual's closest living relative or another with whom the individual has a meaningful social and emotional relationship, if the individual is not a minor nor adjudicated incompetent, but is unable to communicate due to a medical condition, for the period during which the test subject is adjudicated to be incompetent, is under 14 years of age or is unable to communicate due to medical condition;
16. To a significantly exposed victim or alleged victim of certain crimes, the parents or guardians of any such victim or alleged victim who is a minor, and to the health care professional who provides care to such victim or alleged victim, upon his or her request;
17. To any of the following who is significantly exposed as long as the conditions described below are met: an emergency medical technician, first responder, fire fighter, peace officer, correctional officer, person employed at a secured correctional facility, state patrol officer, jailer or person with custodial authority who provides care or services to the individual, health care provider or employee of a health care provider, or state crime laboratory staff member. The following conditions must be met:
 - a. The affected person was using universal precautions against significant exposure at the time he/she was exposed, unless it was an emergency circumstance;
 - b. A physician certifies in writing that the person was significantly exposed and the certification accompanies the testing request;
 - c. The affected person submits to an HIV test as soon as possible;
 - d. The test is performed on blood drawn for another purpose, if such blood is available;
 - e. The individual, if capable of consenting, has been given an opportunity to be tested with his or her consent and has refused;
 - f. The individual has been informed that his or her blood may be tested for HIV, that without his or her consent the test results may only be disclosed to the significantly exposed person, that the significantly exposed person may not disclose the identity of the tested individual to anyone except for purposes of having the test performed, and that a record may be kept only if it does not reveal the individual's identity;
 - g. If blood is not otherwise available for HIV testing, the significantly exposed individual may request the district attorney to seek a court order for HIV testing of the individual and disclosure of test results to the exposed individual, in accordance with procedures set forth in state statutes; and
18. If the test was administered to a child being placed in a foster home, group home, or child caring institution, to an agency charged with preparing a court report or permanency plan regarding the child and, by that agency, to the child's foster parent or the operator of the group home or child caring institution in which the child is placed.