



NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING

1701 Research Boulevard
Rockville, Maryland 20850
(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. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees, or contractors. If the Insurer is a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB, Inc. a generic code which signifies only a non-specific blood test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. Other test results may be reported to the MIB, Inc. in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

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 and Address of designated Physician to whom test results are to be disclosed: _____

The following community counseling organizations have been designated by the Pennsylvania Health Department as organizations from which you may choose to have a positive test result sent in lieu of a personal physician. If you wish the results to be mailed to one of these organizations, please check the box preceding the name of the appropriate organization.

- | | | |
|---|---|--|
| <input type="checkbox"/> PA DEPARTMENT OF HEALTH
Division of HIV/AIDS
Attn: Insurance Information Section
Health and Welfare Building
PO Box 90
Harrisburg, PA 17108 | <input type="checkbox"/> BUCKS COUNTY
Bucks County Dept. of Health
Counseling & Testing Section
Health Building
Neshaminy Manor Center
Doylestown, PA 18901 | <input type="checkbox"/> PHILADELPHIA
Barbara Wills-Hooks
City of Philadelphia
Department of Public Health
Division of Disease Control
500 South Broad Street
Philadelphia, PA 19146 |
| <input type="checkbox"/> ALLEGHENY COUNTY
Tim Carges
Allegheny County Health Dept.
Insurance Notification Information
3441 Forbes Avenue
Pittsburgh, PA 15213 | <input type="checkbox"/> CHESTER COUNTY
Elizabeth Walls or Sandra Schwartz
Chester County Health Dept.
Bureau of Personal Health Services
601 Westtown Road Suite 180
PO Box 2747
West Chester, PA 19380-0990 | <input type="checkbox"/> WILKES BARRE CITY
Patricia McNulty
Wilkes Barre City Health Dept.
16 East Northampton Street
Wilkes Barre, PA 18701 |
| <input type="checkbox"/> ALLENTOWN CITY
Vicky Kistler, M.Ed.
Communicable Disease Manager
Allentown Health Bureau
245 North Sixth Street
Allentown, PA 18102 | <input type="checkbox"/> ERIE COUNTY
Kathy Fatica
Erie County Department of Health
606 West 2nd Street
Erie, PA 16507 | <input type="checkbox"/> YORK CITY
Marie Deffley
York City Bureau of Health
One Market Way West, 3rd Floor
PO Box 509
York, PA 17401 |
| <input type="checkbox"/> BETHLEHEM CITY
Jose Cruz
AIDS Prevention Coordinator
Bethlehem Bureau of Health
10 East Church Street
Bethlehem, PA 18018 | <input type="checkbox"/> MONTGOMERY COUNTY
Anita Culver
Montgomery County Health Dept.
Human Services Center
1430 DeKalb Street
PO Box 311
Norristown, PA 19404-0311 | |

For further information about AIDS, the meaning of HIV-related test results and the availability and locations of alternate HIV-related testing sites, you may call the Pennsylvania Health Department at (717) 783-0479.

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.

_____	_____	_____
Proposed Insured	Date of Birth	
x		
_____	_____	_____
Signature of Proposed Insured or Parent/Guardian	Date	State of Residence