

**HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST**  
**CONFIDENTIAL CONSENT FORM (SEROLOGY)**

This is not a test for AIDS. This is a test for antibodies to the virus named HIV. A counselor has told me what a negative or positive test result means. On my return visit, a counselor will explain my test results to me.

I understand that knowing my HIV result is important to my health. I understand that I will be tested confidentially at this clinic. Confidential testing means that I will sign my name, address and phone number on this form. This is the basic information I would provide if tested at any clinic, hospital or private physician. This is the best way for me to enter into treatment and to learn of other available services. It is also a way for someone to reach me if I cannot return for my test results.

I will get a code number. This number will be on the consent form, lab slip and blood tube. The lab slip and blood tube will be sent to the New Jersey Department of Health, where the test will be done. My code number, not my name, will be on the lab slip and the blood tube. All records are kept under lock and key.

Should I test positive this information will be confidentially reported to the New Jersey Department of Health as required by law. Any other release of this information will require my written consent or a court order or subpoena. I have read or someone has read this form to me. All my questions have been answered. I will sign my name, address and phone number.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Code Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Phone Number)