

**NOTICE OF CONSENT FORM FOR BLOOD, ORAL FLUID AND/OR URINE
SPECIMEN TESTING TO DETERMINE THE PROBABLE CAUSATIVE AGENTS OF AIDS**

Insurer Name and Address:

Dear Proposed Insured:

To evaluate eligibility for insurance coverage, it is requested that a sample of blood, oral, and/or urine specimen be provided in order that it may be tested to determine the probable causative agents of AIDS. Signing this form indicates that the procedure used in implementing this test has been explained and has been shown to be in full compliance with the protocol currently adopted by the Commissioner of Public Health for the District of Columbia. Additionally, by signing and dating this form, it is agreed that this test may be performed and that underwriting decisions will be based on the test results.

PRE-TESTING CONSIDERATION:

Many public health organizations have recommended that before taking a test to determine the probable causative agents of AIDS a person should seek counseling in order to become informed concerning the implications of such a test. In the event the test result is positive, one may wish to consider counseling, at his or her expense, subsequent to being tested. A listing of those public and private health care facilities providing such counseling may be obtained from the insurance companies.

No insurer shall request or require you to take the testing protocol without first obtaining your or your legal guardian's signature on this consent form. You have the right to decide not to be tested and to not sign this form. Once the insurance company has asked you to sign this consent form, you or your legal guardian may wait 14 days before signing this informed consent.

DISCLOSURE OF TEST RESULTS:

All test results and the fact that a test occurred will be treated confidentially. The results of the test will be reported to the insurer identified on this form; the applicant or his or her legal guardian; or a physician or health care provider designated on this form by the applicants; a court of competent jurisdiction pursuant to a lawful court order; and any person or entity involved solely in the underwriting process; and any other person or entity expressly named in a separate written authorization signed by the applicant. Results of the test shall not otherwise be disclosed.

MEANING OF POSITIVE TEST RESULTS:

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

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A certified true photocopy of this form will be as valid as the original.

NOTICE OF RIGHT OF APPEAL:

We are required by law to provide you with the following information:

A named proposed insured who tests positive under the testing protocol certified by the Commissioner of Public Health may appeal to the Commissioner of the Department of Insurance and Securities Regulation to review the testing procedure and result, and may present additional medical evidence, including the results of similar tests for exposure to the probable causative agent of AIDS that the named insured independently obtains, to rebut the positive test result. The Commissioner of the Department of Insurance and Securities Regulation can be reached at the following address: 810 First Street, N.E., 7th Floor, Suite 701, Washington, D.C. 20002.

Signature of Proposed Insured or Parent/Guardian

Date

Physician

or _____
Health Care Provider

Address

Address

(SEND TO HOME OFFICE)

HIV ANTIBODY TESTING COUNSELING REFERRALS

Clinica Pueblo

1470 Irving Street, NW
Washington, D.C. 20010
462-4788

- Anonymous.
- Comprehensive pre and post-test counseling.
- Free.
- Walk-in and appointments.
- Results in 10 days.

Planned Parenthood

1108 16th Street, NW
Washington, D.C. 20036
347-8512

- Anonymous.
- Comprehensive pre and post-test counseling.
- \$40
- Appointment required.
- Results in 72 hours to 1 week.

Southwest Health Center

850 Delaware Ave., S.W.
Washington, D.C. 20024
727-3611

- Anonymous.
- Counseling is by a physician or a counselor.
- Walk-in and appointments.
- Results in 2 weeks.

Washington Free Clinic

1525 Newton Street, NW
Washington, D.C. 20010
667-1106

- Anonymous.
- Comprehensive pre and post-test counseling.
- Free.
- Walk-in and appointments.
- Results in 1 week.

Whitman-Walker Clinic

1407 S. Street, N.W.
Washington, D.C. 20009
332-5295

- Anonymous.
- Comprehensive pre and post-test counseling, as well as short-term (up to 8 session[s]). Crisis intervention oriented post-test counseling.
- Free, although donation requested.
- Appointment required.
- Results in 48 hours or 1 week (depending on appointment schedule).

(GIVE TO APPLICANT)

AIDS TESTING PROTOCOL

An individual shall be considered as having been exposed to the Human Immunodeficiency Virus (HIV) if they test positive in both enzyme immunoassay and a Western blot assay.

Definitions

Enzyme Immunoassay (EIA) means a test licensed by the Federal Food and Drug Administration conducted in accordance with the manufacturer's specifications. EIA tests for examination of serum or plasma, oral fluid, or urine are licensed by the Food and Drug Administration. The EIA must be performed by a laboratory licensed by the U.S. Department of Health and Human Services (or by an equivalent state Department of Health) and enrolled in an approved proficiency evaluation program.

EIA Interpretation: a single test of a specimen found non-reactive is reported as *negative* for HIV infection and no further tests are indicated. A test found reactive is repeated on the same specimen in duplicate, if either of the two duplicates is found reactive the specimen is referred for Western Blot assay.

Western Blot Assay (WB) means an assay licensed by the Food and Drug Administration conducted in accordance with the manufacturer's specifications. WB tests for examination of serum or plasma, or oral fluid, or urine are licensed by the Food and Drug Administration. The WB must be performed on the same specimen found reactive in the EIA by a laboratory licensed by the U.S. Department of Health and Human Services (or by an equivalent state Department of Health) and enrolled in an approved proficiency evaluation program.

WB Interpretation: criteria for *positive* serum or plasma, oral fluid, or urine WB tests are established by the FDA in consultation with the Federal Centers for Disease Control and the Association of State and Territorial Public Health Laboratory Directors. Tests with no WB antibody to HIV are reported as *negative*. Tests with the antibodies which do not meet the criteria for positive are reported as *indeterminate*. Indeterminate findings require follow-up medical and laboratory examinations.

References

Centers for Disease Control. Update: Serologic testing for antibody to human immunodeficiency virus. Morbidity and Mortality Weekly Report, 36:833-840, 1988.

Centers for Disease Control. Interpretation and use of the Western Blot assay for serodiagnosis of human immunodeficiency virus infections. Morbidity and Mortality Weekly Report, 38:(No. S-7), 1989.

(GIVE TO APPLICANT)