Center For
WOMEN'S HEALTH
& WELLNESS

Patricia Ristic, M.D., F.A.C.O.G.
Susan Fox, D.O., F.A.C.O.O.G.
Darren Salinger, M.D., F.A.C.O.G.
Tiffany Leon, MSN, APRN, FNP-BC
Diana Zambrana, MSN, APRN, FNP-BC
Nelly Maurant Grass, MSN, APRN, FNP-BC

Date: _____/_____/_____

ID #: _____ D.O.B. _____/_____/_____

CONSENT FOR HIV TESTING AND AUTHORIZATION FOR LIMITED RELEASE OF TEST RESULTS

I agree that a sample of my blood may be taken and tested to determine the presence in my body of the Human Immunodeficiency Virus (HIV) that causes AIDS. The doctor or a hospital counselor has explained to me the potential uses of the HIV test, its limitations, and the meaning of the test results.

1. Hospital Medical and Administrative personnel involved in caring for me or undertaking appropriate research.
2. Persons to whom I authorize the hospital in writing, to disclose my medical record.
3. Persons to whom the hospital is legally required to disclose my records.

The doctor or a hospital counselor has explained to me my option to have the test performed at a state sponsored alternative testing site, which would give greater confidentiality protections to my HIV test results that Florida law affords hospital medical records. I understand this option and I choose to have the HIV test conducted at the hospital.

Limited Release:

In order that my hospital bill can be paid, I authorize to release my medical record containg my HIV test results to my insurance company or other 3rd party payor. I also authorize the hospital to release my medical record containing my HIV test results to anyone to whom I may later give written permission to see or obtain a copy of my medical record.

_____

Patient Signature Date

Consent:

I have read this consent and have had the opportunity to ask questions, which were answered to my satisfaction. I understand the risks and benefits of my choice to the performance of the HIV test.

_____

Patient Signature Date

8501 SW 124th Ave #211
Miami, FL 33183

Office Phone: (305) 595-6488
Fax: (305) 595-3532

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Witness:

I have followed hospital protocol in providing information to the above patient so that the consent and release obtained is voluntary and informed. The patient has shown he/she is able and does understand the consent given.

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