Informed Consent

Hepatitis and Human Immunodeficiency Virus (HIV) Testing

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INSTRUCTIONS

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the testing that you have talked about with your plastic surgeon.

BACKGROUND

Hepatitis

Viral hepatitis infects the liver. There are many different types of hepatitis. Tests can show what type a patient has. They can show whether someone is a carrier. Carriers may infect others through body fluids. Tests can also show if someone is immune after getting hepatitis vaccine(s).

All forms of hepatitis are serious. It can cause chronic liver disorders, even cancer. A patient may have different hepatitis viruses.

Human Immunodeficiency Virus (HIV)

Acquired Immunodeficiency Syndrome (AIDS) can lead to death. It affects the immune system. It is caused by the human immunodeficiency virus (HIV). The virus is spread through sex, blood, or by birth. Intravenous drug users, hemophiliacs, and people who have sex with another infected individual are at high risk. A person infected with HIV may not know of the disease. They may remain healthy for years but can still spread the virus. AIDS typically takes many years to develop.

Blood tests can identify if a person has hepatitis and/or HIV infection.

HEPATITIS AND HIV TEST

Before a hepatitis and HIV test, please read the following.

1. **Purpose.** This test shows if you have hepatitis and/or HIV. It does not test for AIDS. AIDS can only be diagnosed by medical assessment.
2. **Positive test results.** If you test positive, you may have hepatitis and/or HIV. You should seek treatment with your primary care doctor.
3. **Accuracy.** The test is not 100% correct. Possible errors include
    a. False **positive**. You test positive even though you are not infected. This is rare. Retesting will confirm a positive test.
    b. False **negative**. You test negative even though you are infected. This is most likely seen in recently infected persons.

OTHER OPTIONS

Think carefully about why you are having the test done. Ask the person testing you if there are other options.

BENEFITS

Tests give you useful information. Infected individuals may prevent spreading the virus to others. If found early, treatment for HIV with medication can delay the onset of AIDS.

RISKS

A positive test result may cause anxiety. You may not get life, health, or disability insurance. Although it is illegal, you may face discrimination in housing, employment, or public accommodations.

These tests and your results are private unless you state otherwise. In some cases, disclosure may be required. Ask the person giving the test whether you have to give authorization to release this information and, if so, to whom.

If your test is positive, your doctor may suggest more treatment and tests. This will result in more expenses.

All costs are yours even if the test results are negative.

 _____ **Patient Initials**

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ASK QUESTIONS

Please ask any questions about AIDS, the HIV test, hepatitis, or the results. This is your right. Get answers before you agree to testing.

OTHER SOURCES OF INFORMATION

For more information about AIDS, HIV, hepatitis, and lab tests, call your local city or state health department.

RELEASE OF RESULTS

If you wish to have the results of test released to others, like insurance companies, other health care providers, or governmental agencies, you must sign a separate release-of-medical-information form.

I HAVE READ THIS FORM. I AGREE TO TEST FOR HIV AND HEPATITIS.

SIGNATURE _____ DATE/TIME _____

WITNESS _____ DATE/TIME _____

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Hepatitis and Human Immunodeficiency Virus (HIV) Testing.**
2. I got the information sheet on Hepatitis and Human Immunodeficiency Virus (HIV) Testing.
3. I understand that, during the testing, an unexpected situation may require a different medical procedure than the test listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the test.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the test. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the test's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the test.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after test. I also agree to any additional test or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the test for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this test. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the test is an option and that I can opt-out of doing the test.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE TEST TO BE PERFORMED
    b. THERE MAY BE OTHER TESTS OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE TEST

I CONSENT TO THE TEST AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

Witness _____Date/Time_____

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