



TARRANT COUNTY PUBLIC HEALTH DEPARTMENT

CONSENT FOR TESTING

Epi # \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

CID # (Jail Use Only) \_\_\_\_\_

I, \_\_\_\_\_ request that a sample of my blood be taken and tested for:

Please initial all tests to be done:

- \_\_\_ HIV (Human Immunodeficiency Virus) \_\_\_ GC/CT Urine Specimen
\_\_\_ Syphilis
\_\_\_ HCV (Hepatitis C) (offered only at the 1101 S. Main St. STD clinic)
Anonymous Option \_\_\_

I understand that the results of my tests are confidential. The results will not be released without my written consent. I will have the opportunity to view and discuss my results with a counselor.

I understand that I may have the option of choosing an anonymous or confidential HIV test. I understand that the Elisa and Western Blot Tests are very accurate. A small percentage may be labeled unsatisfactory or inconclusive, and may require repeat testing.

If I do not consent to the tests, I assume all risks that might result from my refusal to consent. I agree to not hold the Tarrant County Public Health Department responsible for any adverse effects.

I have had an opportunity to ask questions. I understand the purpose of these tests and consent to the tests I have initialed. I understand that if my test is positive, I will be given referrals for treatment and support services.

CONSENT SIGNATURE:

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Client or Authorized Representative

I REFUSE TO BE TESTED

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Client or Authorized Representative

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY AND PERMISSION TO USE AND DISCLOSE PATIENT HEALTH INFORMATION

Last Name First Name MI

A. I hereby acknowledge that I have received a copy of the "Notice of Privacy Practices" for Tarrant County Public Health Department and understand that I may contact the Privacy Office as explained therein if I have questions about the content of the notice.

Client Signature \_\_\_\_\_