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| **SAMPLE FORM** |
| **Opt-Out Statement** |

*Use your facility’s general medical consent but amend to include the following:*

I understand the following: 1) one in five individuals who have HIV are unaware of their HIV status; 2) treatments available can prevent death from HIV and lead to a normal life span; 3) the rate of new HIV infection has not decreased over the last 15 years; and 4) most new HIV infections are transmitted from individuals who are unaware that they have HIV. 5) I have been given information regarding HIV testing, how HIV can be transmitted and can be done anonymously, how my HIV-related information will be kept confidential and what laws protect people with HIV/AIDS from discrimination. I further understand that it is the policy of this clinic to screen the blood of every patient for the presence of HIV. However, I do not want my blood tested for HIV (today or indefinitely).