Client Consent to HIV and/or HCV Testing Template

Patient consent is a written (patient signs the form) or verbal (provider signs the form as witness) acknowledgement by the patient that informed consent has been given for HIV- or HCV- antibody testing. Patient consent for HIV and HCV testing needs to include the basics of the Tennessen Warning (MN Statutes, Section 13.04, subdivision 2) regarding data privacy.

Each Tennessen Warnings must include the following requirements to inform the individual of their rights regarding:

- The purpose of any data being collected
- Whether the individual can refuse to provide the data or is legally required to provide the data
- Any consequences for supplying or refusing to supply the data
- Other persons or entities authorized to receive the data

Although there is no Minnesota state law requiring written consent for HIV testing, MDH asks grantees to obtain client consent before testing as a means of protecting the grantee from any claims of non-consensual service provision (i.e., specimen collection, case reporting to MDH, misinformation about results or information handling). HIV testing may happen in a confidential fashion—the tester should sign the consent form as a witness. By state law, HCV testing may not be anonymous.

Minor clients may receive testing services from your agency. You are protected under the 2010 Minnesota Statute 144.343 Subdivision 1:

> ***Minor's consent valid.*** *Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.*

However, check your rapid test product information to determine the age range FDA approved for testing with your specific brand of HIV rapid test used. You may not test outside of FDA approved quality control guidelines.

Your agency name and logo here

INFORMED CLIENT CONSENT FOR RAPID ANTIBODY TESTING

(Initial) I agree that the basics of the Tennessen Warning (MN Statutes, Section 103,4, subdivision 2) regarding data privacy have been explained to me. The purpose of the data collected here is to supply mandated information for state and/or federal grant requirements. I understand I can refuse to provide the data. There are no consequences for refusing to supply the data. I understand that the result of this test is confidential. It is also my right to take this test anonymously.

The *(agency name)* test counselor listed below has explained to me:

- The benefits of this HIV or HCV rapid test and what the results mean.
- How information about me will be handled and kept private.
- How if my results of the rapid test show an HIV or HCV antibody reaction, I agree to let the counselor help me obtain a confirmatory test through a clinic.
- The test counselor or another staff member will offer follow-up to ensure my questions are answered and that I am receiving the care and support I need.
- If any test is reactive / positive, per Communicable Disease Rule Chapter 4605, that result will be reported to the Minnesota Department of Health (MDH). MDH data is private and not accessible to the public.

The test counselor gave me the time to ask questions, and the counselor answered my questions.

(Initial) I agree to give a blood specimen from a finger prick so that it can be tested to see if it is reactive for HIV-antibody, indicating the presence of the human immunodeficiency virus that causes AIDS.

(Initial) I agree to give a blood specimen from a finger prick so that it can be tested to see if it is reactive for HCV-antibody, indicating the current or former presence of hepatitis C viral infection.

CLIENT: _____

(print first and last name) *(telephone number)* *(date of birth)*

_____

(client signature) *(today's date)*

Agency test counselor: _____

(sign first and last name) *(today's date)*

TEST RESULT: _____ **TEST COUNSELOR CODE:** _____

TEST USED: _____ Biolytical Insti HIV 1/2 _____ OraQuick ADVANCE HIV 1/2

_____ OraQuick HCV _____ Other, specify: _____

TEST EXPIRATION DATE: _____ **LOT NUMBER:** _____