

HIV TESTING NOTICE AND INFORMED CONSENT FORM

INFORMATION ABOUT AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needle sharing during injection drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and persons who have had sexual contact with any of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. Infected persons have a 25 percent to 50 percent chance of developing AIDS over the next 10 years.

THE HIV ANTIBODY TEST

Before consenting to testing, please read the following important information:

1. **Purpose.** The purpose of this HIV test is to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
2. **Positive Test Results.** If you test positive, you should seek medical follow-up with your personal physician. If your test is positive, you may be infected with HIV.
3. **Accuracy.** An HIV test will be considered positive only after confirmation by a laboratory procedure that the State Health Office has determined to be highly accurate. Nonetheless, the HIV test is not 100% accurate. Possible errors include:
 - a. **False Positives:** The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
 - b. **False Negatives:** The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4-12 weeks for a positive test result to develop after a person is infected.
4. **Side Effects.** A positive test result may cause you significant anxiety. A positive test may result in uninsurability for life, health, or disability insurance policies you may apply for in the future. Although prohibited by law, discrimination in housing, employment, or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.
5. **Disclosure of Results.** A positive test result will be disclosed to you. You may choose to have information about your HIV test results communicated to you through your physician or through the alternative testing site. If you do not designate a physician or an alternative testing site to receive the information, the information about a positive test result will be reported to the Iowa Department of Public Health, and the Iowa Department of Public Health will contact you.
6. **Confidentiality.** Like all medical information, HIV test results are confidential. An insurer, insurance agent, or insurance support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results will occur, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to the Medical Information Bureau, Inc. (MIB), a national insurance data bank. Your insurance agent will provide you with additional written information about this subject at your request.
7. **Prevention.** Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.
8. **Information.** Further information about HIV testing and AIDS can be obtained by calling the National AIDS Hotline at 1-800-342-2437.

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INFORMED CONSENT

I hereby authorize the Insurer and its designated medical facilities to draw samples of my blood or other bodily fluid for the purpose of laboratory testing to provide applicable medical information concerning my insurability. These tests may include but are not limited to tests for: cholesterol and related blood lipids; diabetes; liver or kidney disorders; infection by the acquired immune deficiency syndrome (HIV) virus (if permitted by law); immune disorders; or the presence of medications, drugs, nicotine, or other metabolites. The tests will be done by a medically accepted procedure which is extremely reliable.

If an HIV Antibody Screen is performed, it will be performed only by a certified laboratory and according to the following medical protocol:

1. An initial ELISA blood or other bodily fluid test will be done.
 - a. If the initial ELISA blood or other bodily fluid test is positive, it will be repeated.
 - b. If the initial ELISA blood or other bodily fluid test is negative, a negative finding will be reported to the Insurer.
2. If the initial ELISA blood or other bodily fluid test is positive, it will be repeated.
 - a. If the second ELISA blood or other bodily fluid test is also positive, a Western Blot blood or other bodily fluid test will be performed to confirm the positive results of the two ELISA blood or other bodily fluid tests.
 - b. If the second ELISA blood or other bodily fluid test is negative, a third ELISA blood or other bodily fluid test will be performed. If the third ELISA blood or other bodily fluid test is positive, a Western Blot blood or other bodily fluid test will be performed to confirm the previous positive results. If the third blood or other bodily fluid test is negative, a negative result will be reported to the Insurer.
3. Only if at least two ELISA blood or other bodily fluid tests and a Western Blot blood or other bodily fluid test are all positive will the result be reported as a positive. All other results will be reported as negative to the Insurer.

Without a court order or written authorization from me, these results will be made known only to the Insurer and its reinsurers (if involved in the underwriting process). The Insurer will provide results of all tests to a physician of my choice. Positive test results to the HIV Antibody Screen will be disclosed only to my physician or an alternative testing site as I direct below.

If I do not designate a physician or alternative testing site to receive the results, the Insurer will provide results of a positive HIV test to the Iowa Department of Public Health. In addition, the Insurer may make a brief report to MIB, Inc., in a manner described in the Pre-Notice that I received as part of the application process. All the Insurer will report to MIB, Inc. is that positive results were obtained from a blood or other bodily fluid test. The Insurer will not report what tests were performed or that the positive results were obtained from a blood or other bodily fluid test. The Insurer will not report what tests were performed or that the positive result was for HIV antibodies.

These organizations will be the only ones maintaining this information in any type of file except as required by law. Positive HIV Antibody Screen results are to be reported to: (select one)

The Alternative Testing Site OR

My Physician: _____
(Name and Address of Attending Physician)

This authorization will be valid for 90 days from the date below:

Dated at: _____ Day _____ Month _____ 20_____

Witness: _____ Proposed Insured: _____
Producer Signature Signature