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Witness Signature

Date

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CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS ANTIBODY TESTING

According to the "AIDS Confidentiality Act" (Public Law 85-667 and 85-679), I understand I must provide written, informed consent prior to having a test performed on a blood sample taken from me to determine the presence of the antibody to the Human Immunodeficiency Virus (HIV).

Acquired Immune Deficiency Syndrome (AIDS) is a serious disease which reduces the body's ability to fight infection. The HIV virus has been identified as the causative agent of AIDS. A test has been developed to detect antibodies to this virus. Antibodies can be used to indicate if a person has been infected by the virus. Research has shown that antibodies to the HIV virus are usually found in the blood of persons who have AIDS, AIDS related conditions, or who are members of groups at increased risk for AIDS.

It is important to understand that the AIDS antibody test is not a test to diagnose AIDS. A positive test does not mean that the person will necessarily develop AIDS. A negative antibody test does not guarantee that the AIDS virus is not present, especially if that person is a member of a group at increased risk for AIDS. It is also possible that other factors could cause the AIDS antibody test to be positive even though the person was never infected with the AIDS antibody. Individuals with a positive HIV antibody test should have confirmatory follow-up tests to determine whether the screening test means that the HIV antibody is present.

Results of the HIV antibody test will be forwarded to my physician who in turn will share the results with me, and if I am pregnant, with the hospital in which I will deliver.

I also have the right to confidential treatment of the information identifying me and the results of my test, to the extent provided by the law.

I have read the information contained in the have the test performed on a blood sample	•	and limits of this test, a	nd agree to
Patient Name (Please Print)	Patient Signature	Date	