

## PENNSYLVANIA HIV ANTIBODY TEST INFORMATION FORM

**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 IV drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and sexual contacts 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 25-50% chance of developing AIDS over the next 10 years.

**ABOUT THE TEST.** Please read the important information below *before* you consent to testing:

**Purpose:** This test is being run 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.

**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.

**Accuracy:** An HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody 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.

**Side Effects:** A positive test result may cause you significant anxiety. A positive test result 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.

**Disclosure of Results:** You will be notified in writing if your application for insurance is denied. Specific results of positive HIV tests will be communicated only to a physician named by you. You should contact your physician for more information about the results of your HIV test.

**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 may 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, a national insurance data bank. Your insurance agent will provide you with additional written information about this subject at your request.

**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.

**Information and Pre-Test Counseling:** You may wish to consider counseling, at your expense, before being tested. Additional information about AIDS and HIV test counseling can be obtained by contacting your physician, your county health department, the Pennsylvania Health Department, or any of the organizations listed on the back of this information form.

# **PENNSYLVANIA AIDS COUNSELING RESOURCES**

**Pennsylvania Health Department**  
(717) 783-0479

Pittsburgh AIDS Task Force  
141 South Highland Avenue  
Pittsburgh, PA 15206  
(412) 363-2437

**Philadelphia Community Health Alternatives**  
1642 Pine Street  
Philadelphia, PA 19103  
(215) 735-1911

**Congresso-de Latinos Unitas, Inc.**  
Programa Esturzo  
704 West Girard Avenue  
Philadelphia, PA 19103  
(215) 625-0550

**BEBASHI**  
5205 North Broad Street  
Philadelphia, PA 19141  
(215) 546-4140

Assurity Life Insurance Company  
1526 K Street • Box 82533  
Lincoln, Nebraska 68501-2533  
Telephone Toll-Free: (800) 869-0355

## PENNSYLVANIA INFORMED CONSENT TO HIV ANTIBODY TEST

I authorize Assurity Life Insurance Company Company (“Assurity”) and its designated medical facilities to draw samples of my blood or other bodily fluids for the purpose of laboratory testing to provide applicable medical information about 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 an extremely reliable medically accepted procedure.

If an HIV Antibody Screen is performed, it will be performed only by a certified laboratory 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 Assurity.
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 that 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 ELISA blood or other bodily fluid test is negative, a negative test result will be reported to Assurity.
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 positive. All other results will be reported as negative to Assurity.

Without a court order or written authorization from me, these results will be made known only to Assurity and/or its reinsurers involved in the underwriting process. In addition, Assurity may make a brief report to MIB in a manner described in the information I received as part of the application process. Assurity will only report to MIB that positive results were obtained from a blood or other bodily fluid test. Assurity 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.

Assurity will provide results of all tests to a physician of my choice. Positive test results to the HIV Antibody Test will be disclosed only to my physician or my local Health Department at the following address:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This authorization will be valid for 90 days from the date below. I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

Dated at \_\_\_\_\_ on \_\_\_\_\_  
City and State Month, Date, and Year

\_\_\_\_\_  
Signature of Proposed Insured (or Parent/Guardian)

\_\_\_\_\_  
Signature of Witness (Agent' Signature)