

**CONSENT FOR HIV/HBV/HCV TESTING**

I hereby consent to have the HIV  HBV  HCV  test performed upon:

\_\_\_\_\_  
(print name)

I understand the test for HIV is not a diagnostic test for AIDS.

I have been advised of the implications of the test and have been given the opportunity to ask questions.

I understand that \_\_\_\_\_(facility) will maintain confidentiality of the test results, medical records and reportable information as provided for in accordance with DDSN policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date