

**NOTICE OF DEEMED CONSENT TO HIV BLOOD TESTING**

**A law was enacted in Virginia in 1989, which authorizes health care providers to test their patients for HIV Antibodies when the health care provider is exposed to the body fluids of a patient in a manner, which may transmit human immunodeficiency virus (HIV). Pursuant to this law, in the event of such an exposure, you will be deemed to consent to such testing, and to have consented to the release of the test results to the health care provider who may have been exposed. However, you would be informed before any of your blood would be tested for HIV antibodies pursuant to this problem, the testing would be explained, and you would be given the opportunity to ask any questions you might have.**

**I have read and understand and agree to the above “ Notice of Deemed Consent to HIV Blood Testing”**

**Date: \_\_\_\_\_ Print Patient Name: \_\_\_\_\_**

**Patient signature: \_\_\_\_\_**

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**Parent/ Legal guardian’s signature if patient is a minor**