WHAT YOU NEED TO KNOW ABOUT HIV TESTING
What is HIV and how is it spread?

HIV infection is a long-term illness that damages the body’s immune system, or its ability to fight off diseases. HIV spreads through blood, semen, vaginal fluids, and breast milk. You can get or give HIV infection by:

- Having vaginal, anal or oral sex without a condom.
- Sharing needles or works when injecting drugs.
- HIV can be passed from mother to child during pregnancy, birth or breastfeeding.
- You cannot get HIV by donating blood or through casual contact such as hugging or shaking hands.

What is AIDS?

- AIDS (Acquired Immunodeficiency Syndrome) is the stage of HIV infection when the body is weakened and less able to fight off germs.

What is an HIV test?

It is a simple test, done by taking blood or fluid from cells in the mouth, that shows if you have been infected with HIV (Human Immunodeficiency Virus), the virus that causes AIDS.

Who should have an HIV test?

- The CDC (Centers for Disease Control and Prevention) recommends that everyone between the ages of 13 and 64 get tested for HIV.
- Whatever your age, you should have an HIV test if you are sexually active or have shared needles or works for injecting drugs.
- Women who are pregnant or considering pregnancy should also get an HIV test.

Can anyone make me take an HIV test?

Under Michigan law, unless you are ordered by a judge, or you are a prisoner entering into a state correctional facility, getting an HIV test is your decision. No one can test you without getting your consent.

Can I change my mind after I consent to the test?

- Yes, you can change your mind at any time before the lab runs the test.
- If you change your mind, you must give your health care provider a written request saying that you do not want your test to be run.

Can someone under age 18 take the test without their parents’ consent?

- Yes. Minors, age 13 and older, have the right to take the test for HIV without their parents’ knowledge or consent.

What is the difference between anonymous and confidential testing?

- Anonymous HIV testing means your name is not used and will not be on the test results. To get your test results, you will be given a code number.
- Confidential HIV testing means that your name will be used on your test results.
- If you get an anonymous HIV test, you will not receive a piece of paper with your name and your test results. If you need a copy of your HIV test results, you should take a confidential test.
- In Michigan, you have the right to request an anonymous HIV test.
How is HIV testing done?

Typical HIV tests are done on blood or oral fluids. Specimens are sent to a lab and you get your results in about one week. When testing blood, a needle will be used to draw blood from a vein in your arm. When testing oral fluids, they are collected on a swab from your mouth.

Rapid test: Some clinics or testing sites offer rapid testing. This is a test done on a small amount of blood from the tip of your finger or from fluid in your mouth. You will get results in that same visit. If your result is reactive (shows possible signs of infection), you will need more testing.

How will this test help me?

- The test will tell you whether or not you have HIV. People can have HIV for years and not know it unless they get tested.
- If you are infected, it can help you get proper treatment and learn how to avoid spreading HIV to other people.
- If you are not infected, it can help you learn how to reduce your risk of getting HIV.

What does a negative (or “non-reactive”) result mean?

- A negative result means you are not infected with HIV,
- OR you have been infected too recently for it to show up on the test.
- If you recently had sex without a condom or shared needles, you should get another test in about six weeks. This is because sometimes HIV tests cannot detect recent infection.

What does a positive result mean?

- A positive result means that you are living with HIV.
- You should see a doctor as soon as possible. The person who gave you your test results can help you find a doctor if you don’t have one.
- If you have HIV, you can pass your infection to other people through sex, sharing needles or through birth or breastfeeding if you are or will be a mother.
- You should use condoms every time you have sex, to prevent passing the infection to others. The person who gave you your test results can help you plan ways to keep from passing your infection on to others.

Who will know the results of my test?

In Michigan, all HIV test information is confidential, by law.

- This means that there are very strict rules about who is allowed to see that information.
- Health care workers that are involved in your care may see your test results.
- Health insurance companies, Medicare and Medicaid, if they are paying all or part of the cost of your health care, will also see your test results.
- All positive HIV tests are reported to the health department.
- If you have HIV, Michigan law requires that your doctor or someone from the local health department notify all of your known sexual and/or needle sharing partners that they may have been exposed to HIV. They do this without using your name, or sharing any information about you.
- It is illegal to discriminate against people with HIV.
If I have HIV, will I definitely develop AIDS or get sick?

No. Today there are many treatments for HIV. These treatments can prevent serious illness, including AIDS. If you get care quickly, you have a good chance for a long and healthy life.

Whom should I tell if I have HIV?

- Current, past and future sexual and/or needle-sharing partners should be notified.
- Your local health department can also help to notify partners. They will do this without using your name or sharing any information about you. Your doctor, health care provider or counselor that performed the test can connect you with the local health department.

*Michigan law requires you to tell any current or future sexual partner that you have HIV before having any kind of sex with them. The law also requires that your doctor or someone from the local health department talk to you about this.*

What if I have more questions?

- Feel free to ask the health professional who gave you this booklet any questions that you might have.
- Call the Michigan statewide HIV/AIDS information hotline: (English 1-800-872-AIDS; Espanol 1-800-862-SIDA; TDD 1-800-332-0849).
- Visit the CDC’s HIV/AIDS website for more information (http://www.cdc.gov/hiv/).
I have been informed that my blood obtained from a finger stick or vein, a urine sample or an oral sample from my mouth, will be tested for antibodies to the Human Immunodeficiency Virus, the virus that causes AIDS.

I acknowledge that I have been given an explanation of the test, including its uses, benefits, limitations and the meaning of test results.

I have been informed that HIV test results are confidential and shall not be released without my written permission, except to: ____________________________ * and as permitted under state law.

I understand that I have a right to have this test done without the use of my name. If my private physician does not provide anonymous testing, I understand that I may obtain anonymous testing at any Michigan Department of Community Health-approved HIV counseling and testing site.

I understand that I have the right to withdraw my consent for the test at any time before the test is complete.

I acknowledge that I have been given a copy of the pamphlet “What You Need to Know about HIV Testing”. I have been given the opportunity to ask questions concerning the test for HIV antibodies, and I acknowledge that my questions have been answered to my satisfaction.

By my signature below, I consent to be tested for HIV.

______________________________________________   ___________________
Patient/Parent/Guardian Signature       Date

______________________________________________   ___________________
Witness            Date

AT THIS TIME, I DO NOT WANT TO BE TESTED FOR THE HUMAN IMMUNODEFICIENCY VIRUS

______________________________________________   ___________________
Patient/Parent/Guardian Signature       Date

_____________________________________________ _   ___________________
Witness            Date

*Please write in the physician or health facility name who will receive the HIV test results
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CONSENT FORM FOR THE
HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST

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Original – FOR RECORDS