



Rapid STI Testing Consent Form

Purpose of Tests:

- **HIV:** This test shows if you have antibodies to Human Immunodeficiency Virus (HIV). If there are antibodies present, this shows you have been exposed to the virus and can pass the virus on to others. The HIV test cannot determine if you have AIDS.
- **HCV:** These tests show if you have antibodies to HCV. If there are antibodies present, this shows you have been exposed to the virus and can pass the virus on to others.
- **Syphilis:** This test shows if you have antibodies to *Treponema pallidum* (T. pallidum), the bacteria that causes syphilis.
- These tests are used as an initial screening test and additional testing may be required upon positive/reactive results to confirm diagnosis.

Limitations:

- **HIV:** The testing for HIV antibodies is very sensitive, but errors may occur. A false negative result could occur if you have recently been exposed to the virus, but have not yet developed antibodies. It takes at least 4 to 12 weeks for a positive test to result after a person is infected.
- **HCV:** A negative result can also be false if the test is taken too soon after exposure to the virus, or if the person has HIV, a weakened immune system, or is on hemodialysis. The body usually needs 4–10 weeks after exposure to produce enough antibodies for the test to detect.
- **Syphilis:**
 - This test can't differentiate between a new and old infection because treponemal antibodies can remain positive for life after an infection. For people with a history of syphilis, a non-treponemal test should be used instead. **If you have a history of syphilis, you are not a candidate for rapid testing.**
 - A test done too soon after infection or drinking alcohol within 24 hours of the test can result in a false negative. It can take 14–21 days for the body's immune response to be detected by the test.

Uses of Test:

- Knowing your HIV, HCV, and syphilis antibody results may assist your healthcare provider to determine the medical care you need. It may also help you make personal decisions, such as whether to have children and how to best avoid the risk behaviors that transmit the virus.
- If any test is reactive / positive, per Administrative Rules of Montana (ARM): Reporting and Control of Communicable Diseases, that result will be reported to the local health department for tracking of reportable diseases, case investigation, and treatment if needed. This data is private and not accessible to the public.

Counseling: It is recommended that before taking any HIV-related test, a person should seek counseling to become informed concerning the implications of the test. At a minimum, you should read the attached information.

Voluntary Testing: These tests are voluntary and you do not have to take the test.

Withdrawal of Consent: You may withdraw your consent for testing at any time until your specimen is collected.

Confidentiality: All test results will be treated with confidentiality. If your screening test is positive, you are required to release your information so confirmatory testing can be completed. If the confirmatory test is positive, the clinic is required to report the case to the local health department per Administrative Rules of Montana (ARM): Reporting and Control of Communicable Diseases. Any data reported to the local health department is private and not accessible to the public.

If my test is negative, I would like my information and my test results to be destroyed. *Please note if you select this option, BNWC will not be able to provide a copy of the result in the future.*

Please check any testing you want completed today:

- Human Immunodeficiency Virus (HIV 1/2)
 - Hepatitis C (HCV)
 - Syphilis
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Statement of Consent: By signing below, I certify that:

I have read and understand the above explanations of the specific testing I am requesting, including the explanation of the test, limitations of the test, what the test results mean, and counseling requirements. I have been given the opportunity to ask questions and have had them answered to my satisfaction.

I understand that I am here for screening for sexually transmitted infections: HIV, HCV, and/or Syphilis. I voluntarily consent to testing today by agreeing to have a sample of blood tested for the presence of antibodies. I understand I am required to complete the Risk Assessment Questionnaire fully and honestly.

I understand that this screening test is confidential, but I am required to release my name, date of birth, and test result if any test is positive. I am aware that my information will be released to the local health department for tracking of reportable diseases, case investigation, and treatment if needed.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____