



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

HUMAN IMMUNODEFICIENCY (HIV) ANTIBODY YOUTH CONSENT

HIV testing is a process that uses FDA- approved tests to detect the presence of HIV, the virus that causes AIDS. Test results are highly reliable, but a negative test does not guarantee that you are healthy. Generally, it takes up to three months for HIV antibodies to develop and trigger a positive result in testing. During this time, you can test negative for HIV even though the virus is in your body, and you can give it to others. A positive antibody HIV test means that you *are* infected with HIV and can also give it to others even when you feel healthy. Refraining from risky behavior such as unprotected sex and needle sharing is important.

Testing methods include rapid tests and an antibody test. Rapid tests give you results quickly. The licensed medical professional or counselor completing the test will discuss the available testing method and any potential risk involved. If the rapid test detects HIV antibodies, a confirmation blood antibody test will need to be completed. Test results will be confidential and given to you in person. If you test positive, the local health department will contact you to help with counseling, treatment, care management and other services if you need them and want them. You will be asked about sex and/or needle-sharing partners and voluntary Partner Counseling and Referral Services (PCRS) will be offered to you. The HIV test will become a part of your confidential medical record. If you are pregnant, or become pregnant, the test results will become a part of your baby's medical record. There is treatment available to help prevent your baby from getting HIV.

Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent the spread of the disease. If you have questions, please speak to your facility physician before signing this consent form. After discharge from DJJ, you can contact the Florida AIDS Hotline (1-800-352-2437) in addition to consulting the physician.

Youth must initial the consent statement and then sign below. The consent form must be dated and witnessed.

CONSENT GIVEN

(Initial Here) ____YES____NO

I have been informed about the HIV Antibody Test. I have had a chance to ask questions, which were answered to my satisfaction. I understand that if I have a positive result, the Department of Health must be notified. I understand that some tests require a second specimen to be taken for further testing. I hereby give my informed consent to the HIV Antibody Test

_____	_____	_____
Date	Youth Signature	Youth Printed Name
_____	_____	_____
Date	Witness Signature	Witness Printed Name

