

HIV Testing and Consent Washington Version

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX 77019

The United States Life Insurance Company in the City of New York, 28 Liberty Street, 45th Floor, New York, NY 10005-1400

Information and Consent Form for Human Immunodeficiency Virus (HIV) Related Tests

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needle sharing during IV drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and sexual contacts of any of these persons.

The Tests

To evaluate your eligibility for insurance or insurance benefits, it is requested that you provide a sample or samples of your bodily fluids (blood, urine, and/or oral fluid) for testing and analysis. By signing and dating this form you agree that this test may be performed and that underwriting decisions will be based on the test results. One of the tests to be performed on this sample may be a test to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test is actually a series of tests consisting of two ELISA (enzyme-linked immunosorbent assay) tests and one Western Blot test done by a medically accepted procedure which is extremely reliable. The testing will be performed by a licensed laboratory.

Risks From Having the Tests

A positive test result may cause you significant anxiety. A positive test result will adversely affect your insurance application, and may result in uninsurability for life, health, or disability insurance policies you may apply for in the future. A negative result may create a false sense of security.

Pre-Testing Considerations

Many public health organizations have recommended that before taking an AIDS-related bodily fluids test, a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested. A list of public health care facilities providing such counseling is attached.

Confidentiality of Test Results

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to affiliates, medical personnel, or employees of the Insurer who have the responsibility to make underwriting decisions on behalf of the Insurer, or to outside legal counsel who needs such information to effectively represent the Insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS. No other disclosures will be made except as authorized by you.

Notification of Test Results

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being positive or indeterminate, you are entitled to post-test counseling. Because a trained person should deliver that information so that you can understand clearly what the test result means, you may designate either your private physician, a health care provider or a health care agency to whom the insurer will provide positive or indeterminate test results for interpretation and post-test counseling. If you do not designate a physician, health care provider or health care agency, positive test results will be disclosed to your local health department for interpretation and post-test counseling.

Positive or indeterminate test results will not be sent directly to you.

Name of physician, health care provider or health care agency for reporting a positive or indeterminate test result:

Address: _____

Consent

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A certified true photocopy of this form will be as valid as the original.

Signature of Proposed Insured or Parent/Guardian

Date signed _____

Proposed Insured's name (printed) _____

Proposed Insured's Address _____

Submit this page with the application



WASHINGTON STATE HIV ANTIBODY TESTING/COUNSELING SERVICES

ADAMS CITY HEALTH DEPT.
103 West Main
Ritzville, WA 99169
(509) 659-0090, Ext. 206

ASOTIN CITY HEALTH DIST.
C/O NORTH CENTRAL HEALTH DIST.
1221 "F" Street
Lewiston, ID 83501
(208) 799-1300

BELLINGHAM-WHATCOM CTY HEALTH DIST.
509 Girard Street
Bellingham, WA 98227
(206) 676-6720

BENTON-FRANKLIN HEALTH DIST.
506 McKenzie
Richland, WA 99352
(509) 943-2614

BREMERTON-KITSAP CTY HEALTH DEPT
109 Austin Drive
Bremerton, WA 98412
(206) 478-5235; 1-800-874-2437

CHELAN-DOUGLAS CTY HEALTH DIST.
316 Washington Street
Wenatchee, WA 98801
(509) 664-5306

CLALLAM CTY HEALTH DEPT.
223 East Fourth Street
Port Angeles, WA 98362
(206) 452-7831

COWLITZ-WAHIAKUM HEALTH DIST.
1516 Hudson
Longview, WA 98632
(206) 425-7400

GARFIELD CTY HEALTH DIST.
P.O. Box 130 (10th & Columbia)
Pomeroy, WA 99347
(509) 843-3412

GRANT CTY HEALTH DIST. CTY
COURT-HOUSE
P.O. Box 37
Ephrata, WA 98823
(509) 754-2011, Ext. .372

GRAYS HARBOR CTY HEALTH DEPT.
3109 Sumner Avenue
Aberdeen, WA 98520
(206) 532-8631

ISLAND CTY HEALTH DEPT.
Courthouse Annex
P.O. Box 840
Coupeville, WA 98239
(206) 679-7350

JEFFERSON CTY HEALTH DEPT.
Multi-Services Building, 2nd Floor
802 Sheridan
Port Townsend, WA 98368
(206) 385-0722

KITTITAS CTY HEALTH DEPT.
507 Nanum
Elensburg, WA 98926
(509) 962-6811, Ext. 109

LEWIS CTY HEALTH DIST.
Health Services Building 360 N.W.
North Street
P.O. Box 706
Chehalis, WA 98532
(206) 748-9121, Ext. 2233

LINCOLN CTY HEALTH DEPT.
Nursing Office: Drane A. Martin,
R.N., Director
507 7th Street - P.O. Box 215
Davenport, WA 99122
(509) 725-1001

MASON CTY HEALTH DEPT.
411 North 5th (Nursing Division)
Shelton, WA 98584
(206) 427-9670, Ext. 400

NORTHEAST TRI-CTY HEALTH DIST.
East 347 Astor
P.O. Box 270
Colville WA 99114
(509) 684-5048

OKANOGAN CTY HEALTH DIST.
Administration Building
P.O. Box 231
Okanogan, WA 98840
(509) 422-3867

PACIFIC CTY HEALTH DEPT.
Box 26
South Bend, WA 98586
(206) 875-6541, Ext. 365

SAN JUAN CTY HEALTH DEPT.
P.O. Box 607, 145 Rhone
Friday Harbor, WA 98250-0607
(206) 378-4474

SEATTLE-KING CTY HEALTH DEPT.
AIDS Prevention Project
(Gay/Bisexual Men Preferred)
1116 Summit Avenue, Suite 200
Seattle, WA 98101
(206) 296-4999, TDD (206) 340-2033

SEXUALLY TRANSMITTED DISEASE CLINIC
325 9th Avenue, 3rd Floor, South Wing
Seattle, WA
(206) 223-3590

SEATTLE GAY CLINIC
500 19th Avenue East
Seattle, WA 98102
(Will see anyone: Tuesday Evening 6:30 -
9:00 p.m.; Saturday, Noon - 3:00 p.m.)
(206) 461-4540

LOW RISK TESTING SITES
(SEATTLE-KING CO.)

A. NORTH SEATTLE PUBLIC HEALTH CTR
10501 Meridan Avenue North
Seattle, WA
(206) 367-6900

B. SOUTHEAST PUBLIC HEALTH CTR AT
RENTON
3001 N.E. 4th Street
Renton, WA
(206) 344-6700

C. SOUTHWEST PUBLIC HEALTH CTR
10821 8th Avenue S.W.
Seattle, WA
(206) 344-7474

D. EAST PUBLIC HEALTH CTR
2424 156th Avenue N.E.
Bellevue, WA
(206) 344-6882

E. SOUTHEAST PUBLIC HEALTH CTR AT
AUBURN
20 Auburn Avenue
Auburn, WA
(206) 852-8400

SKAGIT COUNTY HEALTH DEPT.
Courthouse Administration Building
Mount Vernon, WA 98273
(206) 336-9386

SHOHOMISH HEALTH DIST.
2722 Colby Street, Suite 333
Everett, WA 98201
(206) 259-2330 or 1-800-344-2437

SOUTHWEST WASHINGTON HEALTH DIST.
Vancouver-Clark City Health Center
2000 Fort Vancouver Way - P.O. Box 1870
Vancouver, WA 98663
(206)695-9215

SPOKANE CTY HEALTH DIST.
West 1101 College Avenue
Spokane, WA 99201
(509) 456-3630

TACOMA-PIERCE CTY HEALTH DEPT.
3629 South "D" Street
Tacoma, WA 98408
(206) 591-6060

THURSTON CTY HEALTH DEPT.
529 Southwest Fourth
Olympia, WA 98501
(206) 786-5581

WALLA-WALLA CTY- CITY HEALTH DEPT.
310 West Poplar - P.O. Box 1753
Walla Walla, WA 99362
(509) 527-3290

WHITMAN CTY HEALTH DEPT.
Public Service Building
North 310 Main Street
Colfax, WA 99111
(509) 397-3471

YAKIMA CTY HEALTH DIST.
104 North First Street
Yakima, WA 98901
(509) 575-4040

