



CONSENT TO HIV/HBV/HCV TESTING

In the event a health care provider/staff is directly exposed to a patient's blood/body fluids during the performance of their medical duties, certain follow up procedures are to be followed to include bloodwork. These blood tests are performed to determine the presence or absence of antibodies to the Human Immuno-Deficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

I understand that the test results will become a permanent part of my health care record. The test results may be released to me or my legally authorized representative and the person who was exposed.

_____ I **do** consent for Dominion Internal Medicine to test my blood for HIV/HBV/HCV in the event of an exposure to the healthcare provider/staff.

_____ I **do not** consent for Dominion Internal Medicine to test my blood for HIV/HBV/HCV in the event of an exposure to the healthcare provider/staff.

Patient/Guarantor Signature

Date

Virginia Immunization Information System

The Virginia Immunization Information System (VIIS) is a birth to death immunization registry designed to consolidate a Virginia resident immunization records into one complete, accurate and definitive immunization record. This system is managed by the Virginia Department of Health.

Dominion Internal Medicine will be taking part in this medical database. As part of your health care plan, we believe this will provide an updated record for the patient, families, and other healthcare professionals.

_____ I **agree** for Dominion Internal Medicine, to report my most recent and updated immunization record to VIIS through the Virginia Department of Health.

_____ I **do not** agree for Dominion Internal Medicine to send my immunization records to VIIS.

I fully understand and accept/decline the terms of this consent listed above.

Patient/Guarantor Signature

Date