

Written Acknowledgement Form

Our Notice of Privacy Practices provides information about how we may use and disclose PHI about you. As provided in our notice, the terms of our notice may change. If we change our notice you may obtain a revised copy.

I, _____ (Please print patient name) have read and/or received a copy of Nadia P. Blanchet, MD's Notice of Privacy Practices.

I have had an opportunity to read the Notice of Privacy Practices.

I understand that I may ask questions to Nadia P. Blanchet, MD if I do not understand any information contained in the Notice of Privacy Practices.

Patient Signature

Date

Authorized Representative of Patient

Relationship to Patient

Date

NOTICE OF DEEMED CONSENT TO HIV AND HEPATITIS BLOOD TESTING

A law was enacted in Virginia in 1989 which authorizes health care providers to test their patients for HIV and Hepatitis antibodies when the health care provider is exposed to the body fluids of a patient in a manner which may, according to certain medical authority, transmit human immunodeficiency virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS) related disorders, and Hepatitis. Pursuant to this law, in the event of such an exposure, you will be deemed to have consented to such testing, and to have consented to the release of the test results to the health care provider who may have been exposed. However, if such exposure occurs, you will be informed before any of your blood is tested for HIV and Hepatitis antibodies. Pursuant to the provision, the testing will be explained to you, and you will be given the opportunity to ask any questions you might have.

The law also provides that if you should be exposed to body fluids of a health care provider in a manner which may, according to certain medical authority, transmit HIV and Hepatitis, the health care provider is deemed to have consented to such testing and to the release of the test results to you.

I have read and understand the above "Notice of Deemed Consent to HIV and Hepatitis Blood Testing".

Patient's Signature

Date