

HIV Testing Documentation

I have done the following actions to obtain consent for HIV Testing prior to releasing the order in the electronic health record.

- _____ Notified the patient that an HIV test will be performed unless they decline the test.
- _____ Notified the patient that he/she may decline the HIV test and still receive care at Children's Hospital of WI.
- _____ Given the patient the teaching sheet, "Health Facts for You: Rapid HIV Test-#1068", or explained HIV infection, HIV test results, reporting requirements and treatment options for those who have HIV.
- _____ Provided the patient with an opportunity to ask questions.

The patient and or legal guardian:

- _____ agreed to have an HIV test.
- _____ declined the HIV test.

Provider Signature: _____ Date: _____ Time: _____
(Required)

