Perinatal HIV Authorization Form

I have had the following read and explained to me:

- HIV is the virus that causes AIDS. HIV is spread through unprotected sexual contact and injection-drug use. Approximately 25% of HIV-infected pregnant women who are not treated during pregnancy can transmit HIV to their infants during pregnancy, during labor and delivery, or through breast-feeding.
- A woman might be at risk for HIV infection and not know it, even if she has had only one sex partner.
- Health care providers should perform HIV testing in consenting women as early as possible during pregnancy to promote informed and timely therapeutic decisions.
- There are medicines that pregnant women with HIV can take to reduce the chance of their babies being born with HIV. These medicines can prolong the survival and improve the health of HIV positive mothers and their children.
- For these reasons, HIV testing is recommended for all pregnant women.
- Services are available to help women reduce their risk for HIV and to provide medical care and other assistance to those who are infected.

I am aware that HIV testing is voluntary and:

- I am not required to consent to a test.
- I am not going to be denied prenatal care or care for my infant by my Health Care Provider or Health Care Facility if I refuse to have the test.

I Consent to test for HIV ☐

I Decline to test for HIV ☐

Print name of individual to be tested in the boxes below:

First Name Middle Init. Last Name

Signature of Individual to be Tested or
Authorized Health Care Agent or Surrogate,
as Permitted by Md. Code Ann.,
Health-General §§5-602 and 5-605

Date

Signature of Health Care Provider

Date