

Notice and Consent for HIV-Related Testing

Standard Insurance Company • Individual Division
1100 SW Sixth Avenue • Portland, OR 97204-1093

To evaluate your eligibility for insurance coverage, we request that you provide a sample of your blood, oral fluid or urine for testing and analysis to determine the presence of the human immunodeficiency virus (HIV). By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A positive test result will adversely affect your insurance application and may also result in uninsurability for life, health, or disability insurance for which you may apply in the future.

THE HIV VIRUS

The HIV virus causes a life-threatening disorder of the immune system called Acquired Immune Deficiency Syndrome (AIDS). Antibodies to the HIV virus are found in most people with AIDS and AIDS-Related Complex (ARC), and can be found in people who do not have AIDS or ARC but have been exposed to the virus. The virus is spread by sexual contact with an infected person, by exposure to infected blood (as in needle sharing during intravenous drug use or, rarely, as a result of a blood transfusion), or from an infected mother to her new-born infant. Specific prevention measures include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.

PRE-TESTING CONSIDERATIONS

Because of the serious nature of HIV-related illnesses, many public health organizations have recommended that before taking an AIDS-related 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.

THE HIV TEST AND THE MEANING OF POSITIVE TEST RESULT

The HIV test is actually a series of tests performed on a sample of your blood, oral fluid or urine by a medically accepted procedure which is extremely reliable. The test is approved by the Federal Food and Drug Administration (FDA) and will be performed by a licensed laboratory.

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV test results will adversely affect your application for insurance. This means that your application will be declined or incompleting, depending on the results of an HIV antibody test.

CONFIDENTIALITY OF TEST RESULTS

All test results are required to be treated confidentially. They will be reported by the laboratory to Standard Insurance Company (Standard). The test results may be disclosed as required by law and may be disclosed to employees of Standard who have the responsibility for making underwriting decisions on Standard's behalf, or to legal counsel who need such information to represent Standard in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. If your test result is HIV positive (unfavorable), Standard will report a generic code signifying a nonspecific abnormal blood, oral fluid (saliva) or urine test to the Medical Information Bureau (MIB), which operates an information exchange on behalf of its member insurance companies. Any HIV positive test results will be kept strictly confidential by Standard and by the MIB and will not be disclosed except as allowed by law, as outlined above, or to the designee named by you on page 2 of this form.

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 Standard as being positive, you are required by law to designate to whom a positive test result shall be disclosed. You have the choice of designating a physician, the Pennsylvania Department of Health or one of the local Departments of Health listed on page 2 of this form. Standard will notify your designee of a positive test result, and your designee will notify you.

(THIS FORM CONTINUES ON THE NEXT PAGE.)

Name of physician or Department of Health for reporting a possible positive test result:

Address: _____
Street or post office box City, State Zip Code

OTHER SOURCES OF INFORMATION

For more information on HIV-related testing and counseling, you may contact the Pennsylvania Health Department at 717-783-0479, or any of these local Health Departments:

PA DEPARTMENT OF HEALTH
Division of HIV/AIDS
Attn: Insurance Information Section
Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

ERIE COUNTY
Kathy Fatica
Erie County Department of Health
6060 West 2nd Street
Erie, PA 16507

ALLEGHENY COUNTY
Tim Curges
Allegheny County Health Department
Insurance Notification Information
3441 Forbes Avenue
Pittsburgh, PA 15213

MONTGOMERY COUNTY
Anita Culver
Montgomery County Health Department
Human Services Center
1430 DeKalb Street
P.O. Box 311
Norristown, PA 19404-0311

ALLENTOWN CITY
Vicky Kistler, M.Ed.
Communicable Disease Manager
Allentown Health Bureau
245 North Sixth Street
Allentown, PA 18102

PHILADELPHIA
Barbara Wills-Hooks
City of Philadelphia
Department of Public Health
Division of Disease Control
500 South Broad Street
Philadelphia, PA 19146

BETHLEHEM CITY
Jose Cruz
AIDS Prevention Coordinator
Bethlehem Bureau of Health
10 East Church Street
Bethlehem, PA 18018

WILKES BARRE CITY
Patricia McNulty
Wilkes Barre City Health Department
16 East Northampton Street
Wilkes Barre, PA 18701

BUCKS COUNTY
Bucks County Department of Health
Counseling and Testing Section
Health Building
Neshaminy Manor Center
Doylestown, PA 18901

YORK CITY
Maria Deffley
York City Bureau of Health
One Market Way West, 3rd Floor
P.O. Box 509
York, PA 17401

CHESTER COUNTY
Elizabeth Walls or Sandra Schwartz
Chester County Health Department
Bureau of Personal Health Services
601 Westtown Road, Suite 180
P.O. Box 2747
West Chester, PA 19380-0990

CONSENT

I have read and I understand this Notice and Consent for HIV-Related Testing. I voluntarily consent to furnish urine and saliva and to the withdrawal of blood from me by needle, the testing of these samples for HIV, and the disclosure of the test results as described on this form. This consent is valid for six months from the date below. I understand that I have a right to receive a copy of this form on request. A photocopy is as valid as the original.

Signature of Proposed Insured

Date

Name of Proposed Insured (please print)