

Transcendence Research: Holistic  
Education for Colonized Countries  
Primarily English Speaking

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# Informed Consent to HIV\* Antibody Test

\*HIV: Human Immunodeficiency Virus

Before you receive an HIV antibody test, you must give your consent. This form explains the test and how the test results can be used. It should help you decide whether you want to take the test. Please read it carefully. Your doctor or HIV tester must go over this information with you. If you have any questions, ask them. Please read all this information before you decide to be tested. If you want to be tested, please sign the back of this form.

## What is the HIV Antibody Test?

It is a test that shows if you have antibodies to HIV in your body. (HIV antibodies are a sign that HIV has entered your body.) A blood (fingerstick / venipuncture) or oral sample will be taken from you and be tested. If the first test shows that you have the antibodies, a different test will be done to make sure the first test was right.

## What does it mean if the test is negative?

A negative test means you're probably not infected with HIV. But it takes the body time to produce the HIV antibodies. It may just be too soon for the antibodies to be seen in the test. If you recently had sex without a condom or shared needles with someone who may be infected, you may want to be tested again in three to six months. Please talk to your doctor or HIV tester about this.

## What does it mean if the confirmatory test is positive?

A positive confirmatory test result means you are infected with HIV. It doesn't necessarily mean you have AIDS, but HIV is the virus that causes AIDS. It also means you could give the virus to other people. People who are infected can pass the virus during sex or by sharing needles during drug use. A pregnant woman who is infected can pass the virus to her baby during pregnancy or childbirth.

## How will the test help me?

If the test is negative:

- Your doctor or HIV tester will tell you how to keep from getting HIV in the future.

If the test is positive:

- Your doctor can take better care of you by knowing your test result.
- You can learn about ways to stay healthy and new medicines that may help.
- You can learn how to avoid passing HIV to others.
- If you are pregnant, your doctor can give you and your baby special care and advice.
- Your test result is reported to the state health department using your name.

## Do I have to take the test?

No. Taking the test is up to you. In most cases, you can't be made to take the HIV antibody test. If you don't want the test, you can still get medical care. But sometimes it may be harder for your doctor to give you the best care.

If you want to take the test, you don't have to let anyone know your test result. You don't even have to tell anyone you've taken the test.

## Do I have to tell anyone my test result?

If you take the test, your result is private. Only the people listed on the back of this form may have the result. (Please be sure to read the back of this form and ask your doctor or HIV tester if you have any questions.) If your test is positive, your sex and needle-sharing partners need to know. This is true for past and present partners. There is a special program that can help you tell your partners. If you are unable to tell partners yourself, they may be told, and your name won't be used.

## What if I don't show up for my result?

By signing this consent form you give permission to the STD/HIV clinic to give your name to the Department of Public Health's Partner Services staff for the purpose of follow-up. Staff may follow-up with you for a period of up to thirty-six months for the purpose of informing you of your HIV test result or to locate you to ask you to return for your test results.

**Should I tell anyone I've taken the test?**

Who you tell is up to you. Something to consider is that some people who have AIDS or HIV, or have been tested for HIV have been treated unfairly. If you are discriminated against in a job, housing, public accommodation, or in getting credit, you may file a complaint with your State's Housing Commission.

**How can I get more information about the test and my rights?**

If you have more questions about the test, please ask your doctor or call your local health department.

**WHO CAN RECEIVE HIV TEST RESULTS?**

Under law, HIV antibody test results and other AIDS information are private and may be given only:

1. To you (or a person authorized by law who agreed to the test for you);
2. To anyone you give written consent to get the test result;
3. To a health care facility (such as a hospital, blood bank or laboratory) that is giving health care to you or your child. HIV and AIDS information may also be recorded in your medical chart or records;
4. To a health care provider (such as a doctor or nurse) who is giving health care to you or your child;
5. To a committee or organization that reviews records in a health facility to monitor the care provided in that facility;
6. To insurance companies or government programs such as Medicaid if needed to pay for services you receive or for other types of claims such as a disability claim. (You may be able to pay for the test yourself if you don't want your insurance company to get your result.) If you are being tested for insurance, you can also choose a doctor or other health care provider who would receive your test result if it is positive;
7. To a person who gets a court order that gives them the right to your test result (this can only happen in special cases);
8. To a state institution (such as a correctional facility or state mental hospital), where employees may have the information in special cases;
9. To a health care worker or other type of worker who is exposed to your blood (in limited cases, such as sexual assault);
10. To a medical examiner;
11. To a public health officer if permitted by law.

All these people are also required by state law to keep your result private. You can ask your doctor or health care provider if your HIV test result has been released to anyone.

\*\*\*\*\*

I have read all of this form or it has been read to me, and I've discussed it with my doctor or test counselor. I have been told about the nature of HIV and AIDS and have been told about how the virus may be passed from one person to another. I understand that testing HIV positive is reportable to the state health department and that if I test positive, the HIV tester will be reported by name. If I do not return for my test result, the test counselor will still report the result to the state health department.

I agree to take the HIV antibody test.

\_\_\_\_\_  
*Name of person who will be tested*

\_\_\_\_\_  
*Date of birth*

\_\_\_\_\_  
*Signature of person who will be tested or person authorized to consent for person*

\_\_\_\_\_  
*Date*

If someone other than the person to be tested has signed, give name and address of person signing and relationship to person to be tested. If necessary, explain why the person to be tested did not sign.

\_\_\_\_\_  
I have provided to the person who signed this form an explanation of the nature of HIV and AIDS, information about behaviors known to pose risks for transmission of HIV infection, and discussed and answered any questions about the information covered in this form.

\_\_\_\_\_  
*Name of clinician or HIV tester*

\_\_\_\_\_  
*Signature of clinician or HIV tester*

\_\_\_\_\_  
*Date*

# SEXUAL CONSENT FORM

**I. THE PARTIES.** This Sexual Consent Form ("Consent Agreement") is made \_\_\_\_\_, 20\_\_\_\_ between:

**Proposer:** \_\_\_\_\_ ("Proposer")

AND

**Consenter:** \_\_\_\_\_ ("Consenter").

WHEREAS, the Proposer and the Consenter are sexually attracted to each other and would like to manifest that sexual attraction through participation in one or more sexual acts;

**II. TIME.** Therefore, the Consenter and the Proposer make their bodies available to each other for the aforesaid purpose from time \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM on the date of \_\_\_\_\_, 20\_\_\_\_ (today's date if left blank) for a period of \_\_\_\_ hours, during which period they consent to participate in the following activities.

**III. ACTIVITIES.** (initial all that apply)

**Proposer / Consenter**

_____ / _____	Full body touching (external only)
_____ / _____	Kissing <input type="checkbox"/> with <input type="checkbox"/> without the insertion of tongue into mouth
_____ / _____	Digital penetration (receiving in _____ (specify orifice(s)))
_____ / _____	Digital penetration (giving in _____ (specify orifice(s)))
_____ / _____	Oral sex (receiving)
_____ / _____	Oral sex (giving)
_____ / _____	Vaginal sex (receiving: females only)
_____ / _____	Anal sex (receiving)
_____ / _____	Anal sex (giving: males only or females with toys)
_____ / _____	Restraint, using the following devices _____ (specify)
_____ / _____	Use of following devices in or on the body _____ (specify)
_____ / _____	Other activities _____ (specify)

**IV. CONTRACEPTION.**

The **Proposer** is using the following methods of contraception on an ongoing basis:

\_\_\_\_\_  
The **Proposer** will use the following methods of contraception and/or protection during vaginal/anal\* penetrative activities:

\_\_\_\_\_  
The **Consenter** is using the following methods of contraception on an ongoing basis:

\_\_\_\_\_  
The **Consenter** will use the following methods of contraception and/or protection during vaginal/anal\* penetrative activities:

**V. RATCHET CLAUSE.** Whereas the Proposer and the Consenter are aware that attraction may escalate during the agreed upon sexual activities, and that both parties may desire to engage in activities heretofore not consented to, the parties agree as follows. (check one)

☐ - There shall be **no sexual activity of any kind** other than that specified and consented to in this Consent Agreement without the establishment of a new, separate agreement. (See Clause 1 below.)

Initialed (Proposer) \_\_\_\_\_ Initialed (Consenter) \_\_\_\_\_

☐ - Sexual activity of a kind other than that specified and consented to in this Consent Form shall be presumed to be **consented to with the retroactive checking** of the appropriate activity above, even after the signing of this Consent Form. (See clause 1 below.)

Initialed (Proposer) \_\_\_\_\_ Initialed (Consenter) \_\_\_\_\_

☐ - Sexual activity of a kind other than that specified and consented to in this Consent Form shall be presumed to be consented to by **mutual verbal consent** during the activities engaged in under the consent given in the present Consent Form. (See Clause 2 below.)

Initialed (Proposer) \_\_\_\_\_ Initialed (Consenter) \_\_\_\_\_

Clause 1. Whereas both Proposer and Consenter recognize that alternatives a) and b) are likely significantly to disrupt any activities consented to under this Consent Agreement;

Therefore, the Proposer and the Consenter further agree that should the disruption of agreed activities, caused by the making of a further Consent Agreement (under a) above) or the retroactive amendment of this Consent Agreement (under b) above), result in a loss of desire to continue the activities herein consented to, consent for those activities consented to herein may/may not\* be withdrawn by the verbal statement of one of the parties to this Consent Agreement.

Clause 2. Whereas both Proposer and Consenter recognize that alternative c) involves verbal consent of which no physical evidence will exist thereafter; Therefore, the Proposer and the Consenter further agree that such consent shall/shall not\* be recorded using an audio recording device; and Whereas both Proposer and Consenter recognize that should no audio recording of verbal consent under this ratchet clause be made, neither party could subsequently prove affirmative consent to the activities that were verbally agreed upon; Therefore, both parties hereby waive their right to claim that no such affirmative consent was given. Equivalently, the Proposer and the Consenter hereby consent to any further activities that can be reasonably deemed to follow naturally from the activities herein consented to.

**VI. ACCIDENTAL VIOLATION.** Whereas sexual activity is likely to involve rapid movement and impaired judgment; Whereas either party to this Consent Agreement, being male, may, through no fault and without intent, penetrate a female orifice not made available for sexual activity under this Consent Agreement; Therefore, the Proposer and the Consenter agree as follows;

☐ - Such an incident shall be regarded as an **assault** and the burden of proof to the contrary shall fall on the male party to demonstrate to the satisfaction of the female party that the incident was accidental, and acceptance of such a demonstration shall be taken as implying retroactive affirmative consent;

☐ - Such an incident shall be regarded as an **accident**, and retroactive affirmative consent will be assumed.

**VII. FAILURE TO PERFORM.** Whereas consent to participate in sexual activities does not guarantee ability to perform those activities, Therefore, failure to perform such as acts as consented to under this Consent Agreement for reasons including, but not limited to physical, psychological or emotional impairment, shall not be considered a violation of this Consent Agreement; and both the Proposer and the Consenter waive any right to legal redress for such failure to perform.

**VIII. EARLY TERMINATION.** This Consent Agreement may be terminated at any time during the period of consent agreed upon herein by mutual written consent of both the Proposer and the Consenter.

**Proposer's Signature**

Date \_\_\_\_\_

**Consenter's Signature**

Date \_\_\_\_\_

(optional)

**Witness's Signature**

Date \_\_\_\_\_