## **Perinatal HIV Authorization Form**

I have read and had the following 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 infant 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 had only one sex partner.
- Health care providers should perform HIV testing in consenting women as early as possible during pregnancy to promoted 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.
- Service 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:

•							
<ul> <li>I am <u>not</u> required to consent to a te</li> <li>I am <u>not</u> going to be denied prenatarefuse to have the test.</li> </ul>		y infant by my ho	ealth ca	are fa	cility	y if l	[
I Consent to test for HIV   I Decline to test for HIV							
Print name of individual to be tested	in the boxes below	<u>:</u>					
First Name	Middle Int	Last name	1 1				_

Signature of Individual to be tested or Authorized Health Care Agent or Surrogate,	Date
As permitted by Md. Code Ann.,	
Health-General §§5-602 and 5-605	
Signature of Health Care Provider	Date