

Mission of Mercy
Notice of Deemed Consent for HIV, Hepatitis B or C Testing

If any Mission of Mercy health care professional volunteer should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (*HIV*), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Virginia Code 32.1-45.1 (A), you are deemed to have consented to the release of the test results to the person exposed.

If you should be directly exposed to blood or body fluids of a Mission of Mercy health care professional volunteer in any way that may transmit disease, that person's blood will be tested for infection with HIV as well as Hepatitis B and C. A physician or other health care provider will tell you and that person the result of the test.

I certify that I have consented to HIV, Hepatitis B and C testing as described above.

Signature of Patient, Parent/Legal Guardian

Date

Relationship (*if signature is not patient*)

Signature of Person Obtaining Consent

Date

