

Chesterfield Family Practice Center, P. C.
2500 Pocoshock Place, Suite 104
Richmond, Virginia 23235
804-276-9305

Notice Regarding HIV Virus

Virginia Law requires that we inform you of the following:

The patient is hereby informed in accordance with Section 32.1-45.1 of the Code of Virginia, amended, that if the provision of health care to the patient at Chesterfield Family Practice Center directly exposes any person employed by or under the direction and control of Chesterfield Family Practice Center or any other health care provider to the patient's body fluid in a manner which may transmit immunodeficiency virus or HIV, then the patient shall be deemed to have consented to testing for infection with HIV and to the release of such tests to the person(s) exposed.

I have read/been informed of the contents of the foregoing notice.

Patient Signature: _____ Date: _____

Patient Name: _____

Witness: _____

Patient Representative's Acknowledgement of Notification Where Patient is Unable to Sign

I, _____, am the above-named
(Name of Patient Representative)

_____, and on behalf of the patient hereby
(Describe Relationship)

acknowledge that the patient has been given the foregoing notification concerning 32.1-45.1.

Signed: _____ Date: _____

I declare that I have personally explained the above information to the patient or to his/her agent or representative.

Signed: _____ Date: _____
(CFPC Representative)