

NOTICE AND CONSENT FOR
AIDS-RELATED BLOOD TESTING

AIDS:

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system; caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needle sharing during IV drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug user, hemophiliacs, and sexual contacts of any of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. An infected person has a significant chance of developing AIDS over the next 10 years.

The HIV antibody test:

Before consenting to testing, please read the following important information:

1. Purpose. This test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
2. Positive Test Results. If you test positive, you should seek medical follow-up with your personal physician because you may be infected with HIV.
3. Accuracy. An HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100% accurate. Possible errors include:
 - a. False positives: the test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
 - b. False negatives: the test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4-12 weeks for a positive test result to develop after a person is infected.
4. Possible Adverse Effects of Test. A positive test result may cause you significant anxiety. A positive test may result in uninsurability for life, health, or disability insurance policies for which you may apply in the future. Although prohibited by law, discrimination in housing, employment, or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.
5. Disclosure of Results. A positive test result will be disclosed to you or the physician or county health department that you designate.
6. Confidentiality. Like all medical information, HIV test results are confidential. An insurer, insurance agent, or insurance-support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. In addition, a report of a nonspecific blood disorder may be made to the Medical Information Bureau, a national insurance data bank.
7. Prevention. Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.
8. Information. Further information about HIV testing and AIDS can be obtained by calling the Oregon AIDS hotline within the Portland area at 223-AIDS and outside the Portland area at 1-800-777-AIDS.

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To evaluate your insurability, Union Security Insurance Company has requested that you provide a sample of your blood for testing and analysis to determine the presence of human Immunodeficiency virus (HIV) antibodies. 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.

The test protocol to be followed will be 2 positive ELISA tests followed by a positive Western Blot test. If the first ELISA test result is positive, a second ELISA test will be performed. If the second ELISA test is also positive, a Western Blot test will be performed to confirm the positive results of the two ELISA tests.

Test results are required to be treated confidentially. They will be reported to Union Security Insurance Company by the laboratory. Union Security Insurance Company will provide the results to its reinsurers and MIB, Inc. The results will also be sent to you, a designated physician or a county health department, if you so desire. Please indicate below where you would like the results to be sent. Include the appropriate name and address.

Send to:	Address
____ applicant	_____ _____
____ physician	_____ _____
____ county health dept	_____ _____

This consent authorization is valid for a six month period. A new form will need to be signed by you if the testing is not performed or if retesting is necessary.

I have read and I understand this Notice and Consent for AIDS-Related Blood Testing, which includes, for my information, written material about AIDS.

Signature of Proposed Insured

Date Signed: _____