



Dear Parent/Guardian,

As your child's primary care provider, we are required by New York State Law to make an offer of HIV testing to all patients starting at age 13. This will be done yearly at the Well Child Checks. Your child will be given the form below.

HIV testing is confidential. Results will be given to your child in a confidential fashion only.

Thank you for allowing us to care for your adolescent child.

Dr. Ehlenfield

Dr. Conley

Dr. Klocke

Anna Couell, FNP

Cassandra Swan, PNP

Offer of HIV Testing

As your health care provider, we are required by New York State Law to make an offer of HIV testing to all patients 13 years and older regardless of apparent risk. You are strongly encouraged to accept testing since, as with other medical screenings, it may provide you with important information about your health and give you what you need to make good decisions for staying healthy.

Yes, I accept the offer of HIV testing

No, I do not want an HIV test

Patient Name: _____

Date: _____

Signature: _____

Patient or person authorized to consent