

Rappahannock Family Physicians

Consent/Acknowledgement

Use and Disclosure of Protected Health Information

I understand that the Rappahannock Family Physicians may use and disclose my protected health information for purposes of treatment, payment and health care operations. I also acknowledge that I have received, have been offered, or have received in the past a copy of the Practice's Notice of Privacy Practices, which provides information about how the Practice, and individuals involved in my care in the Practice, may use and disclose my protected health information. As provided in the Notice, the terms of the Notice may change. To obtain a copy of any current Notice, I understand that I can contact the Privacy Officer at 540-374-5200.

I understand that I have the right to request that the Practice restrict how my protected health information is used or disclosed for treatment, payment or health care operations, but I also understand that the Practice is not required to agree to a requested restriction. However, if the Practice does agree, it is bound by that agreement. I understand that I have the right to revoke this consent in writing at any time, except to the extent that the Practice, or individuals involved in my care in the Practice, have already used or disclosed protected health information in reliance on my prior consent.

_____	_____	_____
Patient or Legal Surrogate	Date	Relationship to Patient
_____	_____	
Witness	Date	

NOTICE OF STATE LAW COMPLIANCE In the Event of Health Care Worker or Patient Exposure DEEMED CONSENT FOR AIDS, HEPATITIS B OR HEPATITIS C TESTING

Virginia law requires health care providers to notify you that AIDS, Hepatitis B or Hepatitis C testing on a sample of your blood may be done if a health care worker is exposed to your blood or body fluids.

As a health care provider under the Virginia Code Section 32.1-45.1, whenever any health care worker associated with or working for Rappahannock Family Physicians, or any person employed by or under the direction or control of Rappahannock Family Physicians, is directly exposed to body fluids of a patient in a manner which may, according to the current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus (HIV), Hepatitis B or C viruses, Rappahannock Family Physicians will proceed to test the patient's blood for HIV (AIDS), Hepatitis B or C viruses and to provide the test results to the patient through his or her physician and to the health care worker(s) who was/were exposed.

The statute also provides that any patient who is directly exposed to the body fluids of a health care provider in such a manner which may, according to the current guideline of the Centers for Disease Control, transmit HIV or Hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with HIV, Hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the patient who was exposed.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____