Adler Gynecology Minimally Invasive Surgery Authorization to VERBALLY Release Patient Information

Date:		
release any and all infor	, hereby authorize Alf Adler, M.D /or their re rmation pertaining to my health care, results, procedures, bil to the following person(s) or agencies:	presentatives to lling, and/or
	Insurance Spouse (name)	
Other (specify)		To No One
I further authorize the pr or more of the following	roviders and their representative(s) to release results of my ways:	medical exams in one
May call me (patient):	at home betweenam/pm toam/pm at work between am/pm toam/pm	
	at home at work on answering machine at home and/or a	t work
receive this information	fice will release any information to those persons who I have without separate consent. I also understand that this relate on. <u>THIS WILL BE ACTIVELY ENFORCED.</u> If you wish to so in writing.	s to all medical and

Patient Signature

Authorized Witness

NOTICE OF DEEMED CONSENT HIV BLOOD TESTING

A law passed in the state of Virginia allows us to test for HIV (human immunodeficiency virus) whenever any of our health care providers are exposed to a patient's bodily fluids. Bodily fluids include blood, semen, urine, feces, respiratory and sinus fluids including droplets, sputum, saliva, mucous, and any other fluid through which infectious airborne or blood-borne organisms can be transmitted between persons. We are not required to obtain the patient's consent for testing under these circumstances. Should this occur, we are also allowed to release the test results to the health care provider who may have been exposed.

In other words, a healthcare provider can obtain an HIV test from you and get the results if they have been exposed to your bodily fluids. However, you would be informed before any of your blood would be tested for HIV antibodies, the testing would be explained to you and you would be given the opportunity to ask any questions you might have.

I have read and understand the above "Notice of Deemed Consent to HIV Blood Testing".

Patient's Signature_____ Date_____

Revised 07/30/2010