

LONGWOOD UNIVERSITY HEALTH CENTER  
106 Midtown Ave, Farmville, VA. 23901  
434-395-2102 Fax 434-395-2783

Notice of “Deemed Consent” for HIV, HBV and HCV Testing  
and Lab work consent form

As a health care provider, we are required by 32.1-45.1 of the code of Virginia (1950) as amended, to give you the following notice.

1. If one of our health care professionals, workers, or employees should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with Human Immunodeficiency Virus (“HIV”, the “AIDS” virus) and for the presence of the Hepatitis B and Hepatitis C Viruses. A physician or other health care provider will tell you and that person the result of the test and provide counseling, if necessary.
2. If you should be directly exposed to blood or body fluids of one of our health care professionals, workers, or employees in a way that may transmit disease, that person’s blood will be tested for infection with Human Immunodeficiency Virus (“HIV”, the “AIDS” virus) and for the presence of the Hepatitis B and Hepatitis C Viruses. A physician or other health care provider will tell you and that person the result of the test and provide counseling, if necessary.
3. I understand I have the opportunity to discuss my need for lab work and/or other procedures with a clinician and understand that I am responsible for any payment associated with lab work, x-rays or other procedures ordered today. I wish to bill lab work to:
  - Insurance company (I understand that I will be responsible for any copay or getting a referral if necessary)
  - My home address
  - My campus address (for students)

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Signature

date