

## **PENNSYLVANIA NOTICE OF AIDS VIRUS ANTIBODY TESTING AND AUTHORIZATION FOR TESTING AND DISCLOSURE**

*This document contains important information concerning the AIDS virus antibody test that we require you undergo to apply for insurance with us. It also contains information about who will have access to the information we obtain. Please read this notice very carefully.*

In order for us to evaluate your eligibility for insurance coverage, we request that you provide a blood or other bodily fluid sample for HIV testing and analysis. The test that will be performed will determine the presence of antibodies to the HIV virus. By signing and dating this form, you agree that the HIV antibody test may be performed on your blood or other bodily fluid sample and that underwriting decisions may be based on the test results. A positive test result will adversely affect your insurance application. It also may result in uninsurability for life, health, or disability insurance for which you may apply in the future. This test is not a test for AIDS: AIDS can only be diagnosed by medical evaluation.

### **INFORMATION ABOUT AIDS**

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system caused by the human immunodeficiency 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 users, hemophiliacs, and sexual contacts with any of those 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.

In some individuals the virus reduces the body's normal defense mechanisms against certain diseases or infections. As a result, such people often develop such unusual conditions as severe pneumonia or a rare skin cancer. The symptoms of AIDS may include the following:

- unexplained weight loss;
- persistent "night sweats";
- cough or shortness of breath;
- fever and swollen lymph nodes lasting more than one month;
- white spots evidencing fungal infection;
- diarrhea;
- raised purple spots on or under the skin or on mucous membranes.

Any of these symptoms may be related to AIDS, but other causes of these symptoms are more likely. Anyone with these symptoms for more than two weeks should see a doctor.

### **HIV ANTIBODY TEST**

The HIV antibody test is actually a series of tests designed to detect the presence of antibodies to the AIDS virus rather than detect the virus itself. Antibodies to the AIDS virus are found in the blood of most patients with AIDS and AIDS-related complex (ARC), and can be found in people who do not have AIDS or ARC but have been exposed to the virus.

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Your blood sample will first be subjected to a test known as ELISA (enzyme-linked immunosorbent assay). If the result of this test is positive, the ELISA test will be repeated. If this repeat ELISA test is also positive, your blood specimen will then be subjected to another, more specific technique called the Western blot test, for confirmation. Your test result is considered positive only after positive results are obtained on two ELISA tests and a Western blot test.

## PRE-TESTING CONSIDERATION

Many public health organizations have recommended that before taking an HIV virus antibody test a person seek counseling to become informed about the implications of such tests. You may wish to consider counseling, at your expense, prior to being tested. 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.

## DISCLOSURE OF TEST RESULTS

All test results are confidential, except as provided by law. The results of the test will be reported to the insurance company named on your application for insurance. The insurer may not by law, release positive test results except as provided below:

- If your HIV antibody test result is *normal*, you will not be notified.
- A physician or other health care provider, as you designate, will be notified of an *abnormal* HIV antibody test result.
- If no physician is designated, you will be notified of an *abnormal* test result. At such time, you may identify your physician or another person to whom you may want the positive results released.
- *Abnormal* test results may be disclosed to persons hired by the insurer who participate in medical underwriting decisions of the insurer. *Abnormal* test results may also be disclosed to affiliates of the insurer who require the results for medical underwriting purposes.
- In addition, if your HIV antibody test is *abnormal*, a generic code signifying a non-specific blood, oral fluid (saliva) or urine abnormality may be made known to the Medical Information Bureau, Inc. (MIB). The nature of the test will not be reported; there will be no record with the MIB that you had a positive HIV antibody test. The MIB is a nonprofit organization of life insurance companies which operates an information exchange for its members. Our decision on whether or not to issue you a policy will not be sent to the MIB. If you later apply to another MIB member company for life or health insurance, or submit a claim for life or disability benefits, the MIB will, upon request, provide that company with information in its file, including information we have furnished.

## TEST RESULTS

While a positive test result does not necessarily mean that you have AIDS, it does mean that you are at serious risk of developing AIDS or AIDS-related conditions. You may be infected with the HIV virus and infectious to others. You should seek medical follow-up care with your personal health care provider.

HIV test results are highly reliable but not 100% accurate. If the test gives a positive result you should consider retesting in order to confirm the result. If the test gives a negative result, there is still a small possibility you may be infected with HIV. This is most likely to happen in recently infected persons. It takes at least 4 to 12 weeks for a positive test result to develop after a person is infected, and may take as long as 6 to 12 months.

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## NOTIFICATION OF POSITIVE TEST RESULT

*In the event of a positive test result I authorize Lincoln National Life Insurance Co. to send the result to my physician, and I understand that such results may become part of my physician's permanent medical records concerning me:*

Please send the result to the local health care department at the following address: \_\_\_\_\_

\_\_\_\_\_

Please send the result to the local community-based organization at the following address: \_\_\_\_\_

\_\_\_\_\_

I authorize Lincoln National Life Insurance Co. to send the result to my physician, and I understand that such results may become part of my physician's permanent medical records concerning me:

(Physician's Name) \_\_\_\_\_

(Physician's Address) \_\_\_\_\_

## CONFIDENTIALITY

We have established safeguards within our company that will protect the privacy of any AIDS-related information that is in your files. We have designated individuals who are responsible for keeping this information confidential. We have designated certain personnel who will have access to AIDS-related information if they need the information in connection with an insurance transaction. Other personnel are aware that they are not permitted access to such information. We will make sure that AIDS-related information that is stored in a computer data bank or other files are protected by reasonable security safeguards.

To handle your insurance business, we may need to disclose your test results or other AIDS-related information to employees, reinsurers, contractors or attorneys who need AIDS-related information for underwriting, claims or another necessary business purpose in connection with your insurance transaction. These persons and entities have been informed of their clear legal obligation to maintain the confidentiality of all AIDS-related information, including test results. Similar privacy safeguards have also been adopted by the laboratory that will perform tests on your blood sample, and by any contractor, reinsurer or attorney to whom we might grant access to AIDS-related information. If we need to disclose to anyone else information about you and AIDS, we must again ask you to provide prior written consent to such disclosure. However, AIDS-related information could be disclosed without your consent in response to a subpoena.

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**CONSENT**

*I have read and I understand this Model Notice of AIDS Virus Antibody Testing and Authorization for Testing and Disclosure. I voluntarily consent to the testing for HIV antibodies and disclosure of the test results as described above.*

*I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.*

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian, if any

\_\_\_\_\_  
Date

**COMPLETE TWO FORMS  
ONE TO THE APPLICANT  
ONE TO THE ADMINISTRATIVE OFFICE WITH THE APPLICATION**