



## Front Door Acknowledgment

### Treatment:

I hereby agree and authorize Mount Sinai Health System (MSHS), the physicians, nurses, and other clinical staff to provide me with care. This may include treatments, tests, and procedures that are necessary for my care and well-being. I am aware that I may be taken care of by trainees under supervision, unless I request otherwise and my primary physician determines that it is safe to proceed without these team members.

### Observers and Vendors:

I am aware that technical or vendor support individuals may be part of my medical care.

### Blood Testing During an Exposure:

I understand that if an individual involved in my care and treatment becomes exposed to certain bodily fluids resulting in the possibility of transmission of a blood borne disease, my blood will be tested for HIV, Hepatitis B and Hepatitis C to determine risk of exposure.

### HIV Testing for Patients:

#### General HIV information:

- HIV, the virus that causes AIDS, can be spread through unprotected sex, sharing needles, childbirth or breastfeeding.
- If I test positive, I can get treatment for HIV/AIDS to help me stay healthy and live longer.
- People living with HIV/AIDS can use safe practices to protect others from becoming infected.
- It is illegal to discriminate against anyone because of their HIV status.

#### According to NYS Public Health Law, Article 27F, patients are required to receive information about HIV testing as follows:

- Health care providers must offer an HIV test to all patients 13-64 years old.
- Testing is voluntary and all HIV test results are confidential (private).
- Anonymous HIV testing (without giving your name) is available at certain public testing sites.
- I may withdraw my consent at any time-either verbally or in writing.

I have read the above and if I have any questions or would like additional information, I will notify my care provider.

### Patient\* or Legally Authorized Representative\*\*

Print Name

Signature

Date

Time

Relationship

\* The signature of the patient must be obtained unless the patient is under the age of 18 years old or lacks capacity.

\*\* Court appointed guardian, Health Care Proxy, or Surrogate under the Family Health Care Decisions Act