

THE FREE CLINIC OF ROCKINGHAM COUNTY, INC
315 S. Main Street, PO Box 2668
Reidsville, NC 27320

DEEMED CONSENT FOR BLOOD TESTING

I understand that should a health care provider be exposed to my blood/body fluid in a way that might allow transmission of infection due to blood borne diseases (i.e., HIV, Hepatitis B, etc.) or other communicable diseases, according to North Carolina State Law, for the safety, health and possible treatment of the health care provider, samples of my blood or body fluid will be tested at NO COST to me for evidence of infection.

I understand these results will be confidential and disclosed only to me, the clinic worker involved, and the Medical Director of The Free Clinic of Rockingham County, Inc. The Health Department must also be notified if a positive result is obtained.

I have read and understand the above statement:

Patient's Signature/Patient Representative

Date

This formed has been read and explained to the patient.

Clinic Worker's Signature

Date