

PrEP Agreement Form

For Initiating **Truvada 200mg/300mg, Emtricitabine/Tenofovir Disoproxil Fumarate 200 mg/300 mg, or Descovy 200mg/25mg** for HIV-1 Pre-exposure Prophylaxis

Truvada 200mg/300mg, Emtricitabine/Tenofovir Disoproxil Fumarate 200 mg/300 mg, and Descovy 200mg/25mg are indicated in combination with safer sex practices for HIV-1 pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in at-risk adults and adolescents weighing at least 35 kg. Individuals must have a negative HIV-1 test immediately prior to initiating for HIV-1 PrEP.

- If clinical symptoms consistent with acute viral infection are present and recent (<1 month) exposures are suspected, delay starting HIV-1 PrEP for at least 1 month and reconfirm HIV-1 status or use a test cleared by the FDA as an aid in the diagnosis of HIV-1 infection, including acute or primary HIV-1 infection

HIV-Negative Person Agreement

By signing below, I acknowledge that I have talked with my healthcare provider about the risks and benefits of **Truvada 200mg/300mg, Emtricitabine/Tenofovir Disoproxil Fumarate 200 mg/300 mg, and Descovy 200mg/25mg** to reduce the risk of getting HIV-1 infection, and I understand them clearly.

Specifically, I attest to the following:

- My healthcare provider talked with me about the importance of follow-up HIV-1 testing, and I agree to have repeat HIV-1 screening tests (at least every 3 months) as scheduled by my healthcare provider.
- My healthcare provider talked with me about the safety risks involved with using **Truvada 200mg/300mg, Emtricitabine/Tenofovir Disoproxil Fumarate 200 mg/300 mg, and Descovy 200mg/25mg** to reduce the risk of getting HIV-1 infection
- My healthcare provider talked with me about a complete prevention strategy and always practicing safer sex by using condoms correctly.
- I will talk with my healthcare provider if I have any questions
- I have read the **Truvada 200mg/300mg, Emtricitabine/Tenofovir Disoproxil Fumarate 200 mg/300 mg, and Descovy 200mg/25mg** Medication Guide

HIV Negative Person's Signature

Date

Disclaimer: Any information gathered is protected under the federal privacy act and will not be shared with any third party.

Patient Information

Date: _____

Full Name: _____ Sex: _____ DOB: _____

Address: _____ Phone: _____

Email: _____ Allergies: _____

ID Type: DL State ID Military ID Passport

ID (State and/or) number: _____

Insurance information:

Bin: _____ PCN: _____ Group: _____

Member ID: _____

OR

Last 4 of SSN: _____

Signature

Parent/Guardian Signature (if under 18 years of age)

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PEP Waiver of Liability and Consent Form

PEP is a prophylactic medication to be used for emergency exposure to HIV within a 72-hour window. If you are receiving this medication, it is because one of the following, you believe to be true.

- You have come in sexual contact with someone known or unknown to be HIV positive and need an immediate preventative solution.
- You have shared/exchanged bodily fluids or injection needles with an individual known or unknown to be HIV positive.
- You are an at-risk healthcare worker or first responder that has or could potentially come in contact with an at-risk individual and are in need of an immediate, preventative solution.

OR

- You are using this as a "Pill in Pocket" in case of emergency exposure.

PEP is a combination medication, consisting of: **ISENTRESS 400mg and TRUVADA 200 mg/300mg, Emtricitabine/Tenofovir Disoproxil Fumarate 200 mg/300 mg, or Descovy 200 mg/25mg.** This combination of medications is used to reduce the possible risk of exposure but are not to replace safe sex practices. PEP does not protect against other STIS/STDs and proper testing for all infectious diseases should be discussed with your healthcare provider.

PEP is most effective if taken within the first 2-4 hours of the potential exposure and will require follow up care as soon as 72 hours after exposure. Long term follow up care will proceed 4-6 weeks after initiating PEP.

Patient Education:

- Possible PEP drug side effects: nausea, GI upset, headache, myalgias.
- Possible PEP drug interactions: antacids, calcium, iron supplements.
- Adherence to the PEP regimen for 30 Days, without interruption is VITAL.

By signing below, you are giving legal consent and understanding of PEP. You are acknowledging that you are HIV negative or you are unsure of your HIV status. You are acknowledging that you will use PEP for an immediate emergency of potential contact or sexual encounter with an at-risk or infected individual, only. You understand that PEP is a 30 day dose of combination medications listed above, used for the intent of prevention and not a final solution, taking away from preventative contraception such as barrier methods, condoms etc. With this consent you understand that taking PEP does not omit follow up testing and care from your provider and testing.

Signature

Parent/Guardian Signature (if under 18 years of age)

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Testing Consent Form

HIV testing is a process that uses FDA-approved tests to detect the presence of HIV, the virus that causes AIDS and to see how HIV is affecting your body. Test results are highly reliable, but a negative test does not guarantee that you are healthy. Generally, it can take up to three months for HIV antibodies to develop. This is called the "window period." During this time, you can test negative for HIV even though the virus is in your body and you can give it to others. If you consent by filling out and signing this form, a specimen will be taken and you will be tested.

The rapid HIV test results will be available the same day. If the rapid test detects HIV antibodies, it is very likely that you are infected with the virus, but this result will need to be confirmed. You will be asked to submit a second specimen for further testing. The results from this confirmatory test will be available to you in about two weeks.

If you test positive, the local health department will contact you to help with counseling, treatment, and other supportive services if you need and want them. You will be asked about sex and/or needle-sharing partners, and voluntary partner services (PS) will be offered to you. The HIV test result will become part of your confidential medical record. If you are pregnant, or become pregnant, the test results will become part of your baby's medical record. Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent spread of the disease. If you are pregnant, there is treatment available to help prevent your baby from getting HIV. If you have any questions, please ask your counselor, physician, or call the Florida AIDS Hotline (1-800-FLA-AIDS or 1-800-352-2437) before signing this form.

Initial

_____ I understand I have the right to refuse any procedure or treatment.

_____ I have been informed about HIV testing and its benefits and limitations. I have given First Coast Community Development to test me for HIV. I understand that certain results will require a second specimen to be taken from me for further testing.

Patient Name

Patient Signature

Date

Guardian's Name and Signature (if under 18 years of age)