



# Williamsburg Obstetrics & Gynecology

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## Notice of Deemed Consent for HIV, HEPATITIS B and HEPATITIS C Testing

As healthcare providers, we are required by state law, Virginia code 32.1-45.1, to give you the following notice:

If one of our healthcare professionals, workers, or employees should be directly exposed to your blood or body fluid, in a way that may transmit disease, your blood will be tested for infection with HIV ( the AIDS virus ), Hepatitis B and Hepatitis C. A physician or other healthcare provider will tell you the results of the test.

If you should be exposed to blood or body fluid from one of our professionals, workers, or employees, in a way that may transmit disease, that person's blood will be tested for HIV ( the AIDS virus ), Hepatitis B and Hepatitis C. A physician or other healthcare provider will tell you the results of the test.

I understand that the results of this blood test will be treated confidentially as a medical record. As such, the results will be available only to third parties who have a legitimate role in my care and treatment or who, by virtue of state and/or federal law, have right to be notified of these results. I further understand that no additional release of the results will be made without my written authorization.

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Patient's Signature

Date