

Heritage Women's Health Center

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Drug and STI (Sexually Transmitted Infection) Screening

Please read the form below carefully. If you understand and agree to the statements below, please initial and sign/date where indicated. We appreciate your cooperation.

I understand that STI testing (including HIV) and drug screening are a routine part of prenatal testing at this office, and I consent to such screening. _____(Initials)

I understand that if my STI screen is positive, I will be notified and treated in a confidential manner by this office. _____(Initials)

I understand that it is my responsibility and not the responsibility of this office to notify my sexual partner(s) of a positive STI screen. _____(Initials)

I understand that certain STIs are reported to the Texas State Health Department as required by law. _____(Initials)

I understand that if my drug screen is positive, I may be reported to Child Protective Services. _____(Initials)

I understand that random drug screening may occur with or without my knowledge throughout my prenatal care at the discretion of the physician. _____(Initials)

Signature

Date