



Informed Consent for PEP and PrEP Treatment Provided to Minors

As a patient of Whitman-Walker Health, you have the right to be informed about any recommended surgical, medical, or diagnostic procedure to be used in the course of your care so that you may make the decision whether or not to undergo the procedure after knowing the risks involved. If you have any questions about any of this information or need help completing this form, please do not hesitate to ask a member of our staff. It is important to us that you feel comfortable with all of this information. By signing, you are indicating that you understand the information, have been given a chance to ask questions, and are giving your consent for yourself (if 13 years old or older), or your child/minor for whom you have legal responsibility.

PrEP, or “pre-exposure prophylaxis,” is the use of daily medication that can reduce the risk of contracting HIV as a result of potential exposure to the virus. PEP, or “post-exposure prophylaxis,” is the use of daily medication following potential exposure to HIV that can also be used reduce the risk of contracting HIV as a result of exposure.

PEP and PrEP are indicated for individuals who are HIV negative, but are at high risk for contracting HIV due to exposure or potential exposure to the virus through sexual contact, or the shared use of needles or other equipment to inject drugs. By signing below you are acknowledging for yourself or your child/minor that you understand that adherence to PEP and PrEP is important.

The use of any medication is not without risk. Specifically, Truvada for PrEP and Truvada/Tivicay/Stribild for PEP have potential side effects that include headache, nausea, vomiting, upset stomach or rash. Additionally, in rare cases, Truvada, Tivicay or Stribild can cause bone or kidney toxicity or lead to an allergic reaction.

There are treatment alternatives to PrEP and PEP. You may also reduce your risk of contracting HIV by using condoms when you engage in sexual activity, and/or using sterile needles. You may also lower or eliminate completely your risk of contracting HIV by abstaining from sexual activity and/or drug use.

You may elect to decline PrEP or PEP treatment altogether. If you decline treatment, you may be at increased risk for contracting HIV should you have an exposure, as described above.

By signing below, you acknowledge that you understand that WWH considers your protected health information (PHI), including your medication history and HIV testing results, to be confidential and will not share it with anyone outside of WWH without your consent unless permitted or required by law or any ethical requirements that may be applicable. You understand, for example, that if you are a minor patient, test positive for an STI, and refuse to seek treatment, WWH is required by the District of Columbia to inform your parent(s) or guardian(s) about any treatment needed for the diagnosed STI. You also acknowledge and understand that WWH is entitled to share information about you in order to bill for services provided to you.

By signing my name below, I acknowledge that I have read, and fully understand, each of the separate paragraphs set forth above, and attest that I am a minor age 13 or above, or the parent/guardian of a minor age 13 or above.

Printed Name of Patient:	Date of Birth:
Signature: <i>(If applicable)</i>	Date:
Printed Name of Parent/Legal Guardian:	
Relationship to Patient:	
Signature:	Date: