

PINELLAS COUNTY SCHOOLS
**BLOODBORNE PATHOGENS POST-EXPOSURE
NOTICE OF CONFIDENTIALITY OF SOURCE INDIVIDUALS MEDICAL INFORMATION**

Introduction

Occupational exposure to blood or other potentially infectious materials presents a risk to an exposed employee of acquiring hepatitis B virus (HBV) infection and/or human immunodeficiency virus (HIV). Pinellas County Schools offers at no cost to any BBP exposed employee a post-exposure medical evaluation and follow-up from a licensed healthcare professional, including (a) post-exposure prophylaxis when medically indicated and recommended by the U.S. Public Health Service, (b) counseling, and (c) evaluation of reported illnesses.

As a result of becoming exposed to another person's blood or other potentially infectious materials, an exposed employee may receive medical information (e.g., regarding the hepatitis B virus (HBV) or human immunodeficiency virus (HIV)) from test results of a consenting source individual. This information must be accepted and maintained in a strict confidential manner and is disclosed only for the purpose of assisting the exposed employee in obtaining appropriate medical care. Any such confidential medical information concerning the source individual shall only be disclosed by the exposed employee to the healthcare professional providing post-exposure medical evaluation and follow-up. **THE EXPOSED EMPLOYEE AND HIS/HER HEALTHCARE PROVIDER SHALL MAKE NO DISCLOSURE OF SAID MEDICAL INFORMATION WITHOUT A SPECIFIC WRITTEN AND INFORMED CONSENT SIGNED BY THE SOURCE INDIVIDUAL.**

AGREEMENT	
<p>I, _____, understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection and/or human immunodeficiency virus (HIV) - both serious illnesses. I have read and understand the above information regarding the confidentiality of a source individual's medical information. Therefore, I hereby agree with and will abide by the terms of this notice.</p>	
<p>_____</p> <p>Source Individual Signature</p>	<p>_____</p> <p>Witness Signature</p>
<p>_____</p> <p>Affiliation</p>	
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components. 29 CFR 1910.1030(b).