

## NOTICE OF INTENTION FORM

(section 6)

### Notice of Intention to Seek a Court Order for Mandatory Testing Under the *Emergency Intervention Disclosure Act*

The *Emergency Intervention Disclosure Act* permits an individual (referred to as the “exposed individual”), in any of the following circumstances, to apply to the Provincial Court of British Columbia for an order to have another individual (the “source individual”) tested for hepatitis B, hepatitis C or HIV if the exposed individual has come into contact with a bodily substance of the source individual

- while providing emergency health services,
- while performing their duties as a firefighter, emergency medical assistant or peace officer,
- when the exposed individual is the victim of an alleged offence under the *Criminal Code* and has reported the matter to a law enforcement agency.

The purpose of the testing order is to provide information to the exposed individual about the health status of the source individual, which may assist the exposed individual and/or his or her physician in managing the consequences of the exposure.

This notice is being given to the source individual named below because the exposed individual identified below is intending to apply to the Provincial Court of British Columbia for an order to have the source individual tested for hepatitis B, hepatitis C and HIV. The exposed individual is seeking to have the source individual tested for these diseases because the exposed individual recently came into contact with a bodily substance of the source individual in a circumstance set out under the *Emergency Intervention Disclosure Act*.

**The source individual can avoid being the subject of the proposed court action for a testing order by agreeing to be voluntarily tested and providing the test results to the exposed individual’s physician.**

Additional information about this notice and how to be voluntarily tested are contained below.

#### **To be Completed by the Exposed Individual**

This Notice is Given to:

Name of Source Individual

---

Source Individual’s Address

---

Exposed Individual Who is Giving this Notice:

Name

---

Date and Circumstances of Exposure:

---

---

---

Physician of the Exposed Individual:

Name of Physician

---

Address

---

Phone Number

---

Fax Number

---

Email Address

---

## **About the Notice of Intention Form**

The exposed individual named in this notice believes that he or she has been exposed, in one of the circumstances covered by the *Emergency Intervention Disclosure Act*, to a bodily substance of the source individual named in this notice. In order to determine whether potential exposure to hepatitis B, hepatitis C or HIV has occurred as a result of this bodily substance exposure, the exposed individual is seeking to have the source individual tested for these diseases.

The *Emergency Intervention Disclosure Act* provides that an exposed individual who intends to apply for a testing order from the court must first provide notice of that intention to the source individual. The notice provides the source individual the opportunity to be tested voluntarily for hepatitis B, hepatitis C and HIV, and to provide the results voluntarily to the exposed individual's physician, without the need to go to court. The exposed individual may not apply to the court for a testing order until at least 3 days have expired since the date the exposed individual provided notice to the source individual.

Please note that if the matter goes to court, the court may grant a testing order if it is satisfied that the criteria in the Act are met. A source individual who does not comply with a testing order from the court may be subject to a fine of up to \$10 000 for each day that the non-compliance continues.

### **Confidentiality Requirements**

The *Emergency Intervention Disclosure Act* provides for the privacy and confidentiality of all medical and personal information records related to this legislation for both the source individual and the exposed individual. The Act also provides for substantial penalties to be levied upon any individual who contravenes the confidentiality requirements of this legislation. These penalties include a fine of up to \$10 000 for an individual, and \$25 000 for a corporation, who contravenes the confidentiality provisions of the legislation. In addition, if such an offence continues for more than one day, separate fines may be imposed for each day the offence continues.

### **Actions to be Undertaken by the Source Individual Being Served This Notice of Intention**

If the source individual named in this notice agrees to be voluntarily tested and thereby avoid becoming the subject of a court action for a testing order, the source individual should undertake the following actions:

1. Sign the Notice of Intention form in the space indicated and return the form by email, fax or in person to the physician of the exposed individual named on the Notice of Intention.
2. Obtain orders from a physician to have blood tests for hepatitis B, hepatitis C and HIV. At the same time, provide a copy of this signed Notice of Intention form to your physician giving consent to communicate the test results to the physician of the exposed individual.
3. Attend a laboratory or other health facility to have a blood sample taken and tested.
4. By signing this form, the source individual consents to have the test results communicated to the physician of the exposed individual and for that physician to communicate the test results to his/her patient (the exposed individual).
5. If the source individual is a minor, the guardian of the minor should instead sign this form in the space indicated below.
6. Steps 1, 2, 3, 4 and 5 above should be undertaken within 3 days of this Notice of Intention being served. After 3 days the *Emergency Intervention Disclosure Act* provides that the exposed individual may apply to the court for a testing order.

### **For Additional Information**

Please refer to the following website for more information about the *Emergency Intervention Disclosure Act* and testing orders:

<http://www.labour.gov.bc.ca/eida.htm>

**Consent for Voluntary Testing – To be Completed by the Source Individual**

**I hereby consent to attend a laboratory or other health facility within 3 days of this notice being served to have a blood sample taken.**

**I consent to have the sample that is taken tested for hepatitis B, hepatitis C and HIV.**

**I consent to have the test results communicated to the physician of the exposed individual identified above and for that physician to communicate the test results to the exposed individual identified above.**

---

Signature of Named Source Individual

Date

---

Name and Signature of Guardian

Date