

# HIV Testing Toolkit:

## Resources to Support Routine HIV Testing for Adults and Minors

### How to use this file:

This file includes numerous NYSDOH documents related to HIV testing saved in PDF format. By clicking on the title of any section in the Table of Contents, you will be taken to the first page of that section. By clicking on the icon that looks like a ribbon on the left side of your screen, a list of all documents in the file will appear. You can click on the document title to navigate directly to any document.

**About this Toolkit:** This toolkit was developed for primary care providers and contains all of the resources needed to implement HIV testing in a manner that is consistent with public health law and good clinical practice.

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9	<b>Occupational Exposure and HIV Testing:</b> This section provides a comprehensive summary of HIV testing and post-exposure prophylaxis in the context of occupational exposure.
10	<b>Information for Parents About HIV Testing and Treatment for Minors:</b> This one-page fact sheet provides basic information about HIV testing and treatment for minors.
11	<b>Release Forms:</b> Instructions and forms for the release of HIV information, including a specific form for the release of HIV/ alcohol/drug treatment/ mental health information. (DOH 5032)
12	<b>Additional Resources:</b> A complete list of additional internet resources for HIV/AIDS.

# Overview of NYS HIV Testing Law for Health Care Providers

New York State Public Health HIV testing laws and regulations have evolved over the years to keep pace with changes in the epidemic and clinical practice. Key provisions were passed in 2010, 2014, 2015 and 2016 to address the fact that:

- Thousands of New Yorkers are unaware that they are living with HIV.
- People living with HIV too often learn of their diagnosis late in disease progression. For example, 33% of newly diagnosed HIV cases already have or will have an AIDS diagnosis within one year even though it may take ten or more years to develop AIDS.
- Routine HIV testing is highly cost effective and was awarded the highest “A” rating by the United State Preventive Services Task Force.

**The offer of HIV testing is most effective when it is presented by a health care provider as a clinical recommendation.**

## Simplified Testing Process

Updates to public health law and regulation have removed the requirement of obtaining written or oral informed consent for an HIV test. At a minimum, patients must be orally informed that HIV testing is going to be conducted and have the right to refuse an HIV test. There are two different ways that health care facilities can operationalize HIV testing in a manner that meets or exceeds the requirement of the law.

1. A member of the care team orally informs the patient that HIV testing will be conducted at some point during the visit. Key points of information, including informing the patient that he or she may decline an HIV test, may be provided in writing, electronically, through office signage or any other patient-friendly A-V method. If the patient declines, the HIV test would not be conducted and the patient’s decision should be noted in the patient’s medical record.
2. The health care facility may include an explanation that HIV testing is routinely conducted in the general medical consent statement that is signed to authorize treatment during the visit. If the patient signs a general medical consent that includes informing the patient about HIV testing, the patient has been informed of the test and provided consent. This would exceed the minimum requirement of the law but may serve as an efficient manner to operationalize HIV testing in the facility. Key points of information, including informing the patient of the right to decline an HIV test may be provided in writing, electronically, through office signage or any other patient-friendly A-V method. If the patient objects, the HIV test would not be conducted and the objection should be noted in the medical record.

## Mandatory Offer of HIV Testing

**HIV testing shall be offered at least once as a part of routine health care to all individuals age 13 and older.**

## Settings and Providers Affected

### Settings

#### **Hospitals**

- In-patient
- Emergency Dept
- Urgent Care
- Outpatient Primary Care

#### **Diagnostic & Treatment Centers**

- Outpatient Primary Care

### Providers (regardless of setting)

#### **Primary Care Providers**

- Physician
- Nurse practitioner
- Physician Assistant
- Midwives

#### **Primary Care Field of Medicine**

- Family Medicine
- Internal Medicine
- General Practice
- OB/GYN
- Pediatrics

## Requirement to Arrange for Follow-Up HIV Care for All Patients Diagnosed with HIV

When a patient is diagnosed as living with HIV, the person ordering the test or their representative must provide post-test education and arrange follow-up HIV care. See Section 2 of this Toolkit for more information.

## Key Points of Information for Patients About HIV Testing

**Prior to asking for consent to perform the HIV test, the following key points must be provided. The key points may be delivered orally, in writing, through office signage or any other patient-friendly A-V means.** These key points are available as a poster or brochure in Section 7 of this toolkit.

- HIV testing is voluntary and all HIV test results are confidential (private).
- HIV can be spread through unprotected sex, sharing needles, childbirth or by breastfeeding.
- Treatment for HIV is effective, has few or no side effects and is easy to take.
- Partners can keep each other safe by knowing their HIV status and getting HIV treatment or taking HIV pre-exposure prophylaxis. Not sharing needles and practice safer sex will help protect against HIV, hepatitis C and STDs.
- It is illegal to discriminate against a person because of their HIV status.
- Anonymous HIV testing (without giving your name) is available at certain public testing sites.
- HIV testing is a routine part of health care but you have the right to decline an HIV test. If you wish to decline HIV testing, inform the health care provider.

## HIV Testing for Young People Aged 13-18: Considerations for Pediatric and Family Practice Offices

### Most Adolescents Can Consent to their Own HIV Test

New York State Law allows for individuals to consent to an HIV test regardless of age. Young people aged 13-18 may consent to their own HIV testing unless the health care provider has a concern about the young person's ability to understand the nature or consequences of HIV testing. If such a concern exists, the provider should consult with the adolescent's parents or caretakers. As with adults, there is no requirement to obtain written or oral consent for the HIV test. Young people age 13-18 shall be advised that HIV testing is going to be conducted and that they have the right to decline an HIV test.

#### ***Establishing the Norm of Health Care Providers Meeting Individually with Each Young Person***

- This norm is essential to creating an environment where a young person can discuss his/ her concerns about sex, substance use, HIV, sexually transmitted infections (STIs) and other issues.
- Introduce the norm to the parent(s) and young person during the 11 year-old physical and dedicate a portion of the 12 year old physical to meeting individually with the young person.
- Explain to all 13 year olds, "I offer HIV testing to all my adolescent patients".
- In addition to the initial offer at age 13, discuss HIV testing with older adolescents whenever there is evidence of risk.
- Have parents return to the room at the end of the visit to create an opportunity to bring up issues or questions.

#### ***Talking with Young People About Sexual and Substance Using Behaviors***

- Confidential questionnaires for adolescents about HIV, sexual health, substance use, etc. can be an important tool for starting discussions with young people. The adolescent completes the questionnaire and the health care provider discusses it with the young person when they are alone.
- Explain that birth control is important to prevent unwanted pregnancy and, based on the form of birth control, condom use is important to prevent HIV and other STIs.
- When not available on-site, refer the young person to [Planned Parenthood](#), the [local health department](#) or a [community based organization](#) for access to birth control, condoms and other HIV prevention resources.

## Providing negative (Non-reactive) HIV test results

The negative HIV test result may be provided in-person, by mail, electronic messaging or telephone as long as patient confidentiality is reasonably protected. For an easy to print document that summarizes key points for patients see Section 8 of this Toolkit.

When providing negative HIV test results, explain:

1. that a negative result almost always means that you are not living with HIV.
2. the possibility of recent infection if the person engaged in risk behaviors in the month prior to the test and, if so, the need for re-testing.
3. the importance of avoiding future risk behaviors and HIV prevention messages as outlined below.

## HIV Prevention Messages and Resources for Patients

- HIV is passed through anal or vaginal intercourse or sharing drug injection equipment
- If you choose to have sex or inject drugs, there are ways to lower your chances of becoming infected.
- Condoms work very well to prevent HIV if you use them correctly every time you have sex.
- PrEP (Pre-Exposure Prophylaxis) is a daily pill that can prevent HIV. If you are at risk for HIV, taking PrEP as prescribed can greatly reduce your risk of HIV. Ask your provider if PrEP may be right for you.
- PEP (Post-Exposure Prophylaxis) is a medication that can protect you from HIV if you were recently exposed. If you start it within 2 hours of the exposure, it gives the best protection; if you start within 2-36 hours, it gives very good protection; between 36-72 hours it gives less protection as time passes. If you think you were exposed to HIV, go **immediately** to an emergency room and ask for PEP
- If you do inject drugs:
  - Use new needles and equipment each time you shoot up.
  - Do not share needles, syringes or works; avoid buying needles on the street, even if they look new
  - If you are 18 or older, you can buy new needles at many drugstores.
  - Syringe exchange programs provide needles free of charge.
- Avoid sharing needles for ear piercing, body piercing or tattooing.

### Undetectable equals Untransmittable

(U=U): A person living with HIV who is on HIV treatment and virally suppressed for 6 months or longer has effectively no risk of passing HIV to a partner through sex.

## Important Prevention Resources for Patients

Condom Access	Sterile Syringe Access	Early Treatment of STIs
<b>NYC Condom:</b> Free male condoms, female condoms and lube. For more information, dial 311 or visit <a href="http://www1.nyc.gov/site/doh/health/health-topics/condom.page">http://www1.nyc.gov/site/doh/health/health-topics/condom.page</a>	<b>Syringe Exchange Programs</b> provide sterile injection equipment and a wide array of services to drug users free of charge. For information about sites: <a href="http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/">http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/</a>	Having a sexually transmitted infection (STI) makes it easier to pass HIV to others and easier to become infected with HIV if you are exposed.
<b>NYS Condom Access Program:</b> NYSDOH makes free condoms available to eligible organizations which provide them to the public. For information about nearby organizations, the public can send an e-mail to: <a href="mailto:NYSCondom@health.state.ny.us">NYSCondom@health.state.ny.us</a>	<b>Expanded Syringe Access Program</b> allows individuals to purchase syringes without a prescription from participating pharmacies. For info about where to go, visit <a href="http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/esap/rovdirect.htm">http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/esap/rovdirect.htm</a>	For information about where to go for STI screening or treatment, call your local health department or visit <a href="http://www.health.ny.gov/diseases/communicable/std/">http://www.health.ny.gov/diseases/communicable/std/</a> . In NYC, call 311.



## Follow-up Actions for Patients with Diagnosed HIV Infection

- ✓ **Explain that laboratory testing has resulted in a diagnosis of HIV infection.** Explain that HIV testing involves a series of tests and the results indicated a diagnosis of HIV infection. Explain that HIV infection is a lifelong. See Section 5 for more information about the updated HIV testing algorithm.
- ✓ **Explain that HIV treatment is effective, has few or no side effects and may be as simple as taking one pill once a day.** Review the benefits and importance of getting into and staying in HIV treatment.
- ✓ **Provide or arrange for in-person post-test education on the following topics:**
  1. Understanding the meaning of the result;
  2. HIV treatment is effective, has few or no side effects and may involve taking one pill once a day;
  3. Financial assistance is available, if needed, to help with the cost of HIV medical care and medications;
  4. State law protects the confidentiality (privacy) of your test results and protects you from being discriminated against based your HIV status.
  5. The names of people living with HIV are reported to the State Health Department for tracking the epidemic and planning services (see information about DOH-4189 Form below);
- ✓ **The medical professional who conducted HIV testing must, provide an appointment or schedule an appointment for follow-up HIV medical care with patient's consent.** The name of the medical provider/facility where the appointment was made must be documented in the patient's medical record. For information on finding HIV care providers, see Additional Resources.
- ✓ **Explain that if a person with HIV appears to be out of care, he or she may be contacted by the medical provider or health department staff to promote re-engagement in care.**
- ✓ **Discuss options for notifying partners, contacts, and spouses, including screening for risk of domestic violence; or refer to a Partner Services/Notification Program.**

### Partner Services/Notification:

Medical providers must explain to all newly diagnosed patients the importance of notifying any sex or needle-sharing partners that they may have been exposed to HIV and the importance of being tested. The NYSDOH and the New York City Department of Health and Mental Hygiene can help with partner notification. In some situations, Partner Services Specialists can meet with the patient at the same time the HIV-positive test result is given to assist with post-test education and development of a partner notification plan. For more information visit: [http://www.health.ny.gov/diseases/aids/regulations/partner\\_services/](http://www.health.ny.gov/diseases/aids/regulations/partner_services/)

It is the responsibility of the health care provider who ordered the HIV test to complete the **New York State Medical Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189)** within 14 days after diagnosis for all cases with a diagnosis of HIV infection.

### HIV/AIDS Provider Portal

See Section 3 of this Toolkit for information on setting up an account and logging in. An electronic system which enables clinicians: 1) to meet their reporting requirements electronically; 2) provide a mechanism for clinicians to notify the NYSDOH that a patient needs linkage to Health Department Partner Services; and, 3) to submit inquiries for patients with diagnosed HIV infection who are thought to be in need of assistance with linkage to or retention in HIV medical care.

## Contacts for Partner Services

### Partner Services: A Critical Component for Preventing Transmission of HIV

Partner Services play a critical role in informing partners who are at risk for HIV infection of the need for HIV testing and how to avoid further spread of HIV. Health care providers should consider referring newly diagnosed patients for a Partner Services consultation. NYS law requires health care providers to report all known sexual and substance using contacts of patients newly diagnosed with HIV infection. Partner Services staff can serve as a medical provider's proxy in identifying partners, conducting domestic violence screening and the notification plan, and will assist in completing the Partner/Contact Information on the DOH-4189 (Medical Provider HIV/AIDS and Partner/Contact Form).

### NYSDOH Regional Offices – for all areas outside of NYC not covered by a local health department

Buffalo Regional Office (Allegany, Cattaraugus, Erie, Genesee, Niagara, Orleans, Wyoming)	716-855-7066 or 1-800-962-5064
Capital District Regional Office (Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schoharie, Warren, Washington)	518-402-7411 or 1-800-962-5065
Central New York Regional Office (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, St. Lawrence, Tioga, Tompkins)	315-477-8116 or 1-800-562-9423
Metropolitan Area Regional Office (Putnam, Sullivan, Ulster)	845-794-2045 or 1-800-828-0064
Rochester Regional Office (Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates)	585-423-8103 or 1-800-962-5063

### Contact Notification Assistance Program (CNAP)

Covers all five boroughs of NYC - Bronx, Kings, New York, Richmond, Queens	(212) 693-1419
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### County Health Department Contacts

Albany County (HIV Partner Services only; for STDs, contact the Capital District Regional Office)	518-447-4609
Dutchess County	845-486-3452
Monroe County	585-753-5375
Nassau County	516-227-9590
Onondaga County	315-435-8550
Orange County	845-568-5333
Rockland County	845-364-2992
Schenectady County (HIV Partner Services only; for STDs, contact the Capital District Regional Office)	518-386-2824
Suffolk County	631-853-2255
Westchester County	914-813-5220

# HIV/AIDS Reporting at a Glance

## Five Things to Know About HIV/AIDS Reporting in New York State

### One. What is Reportable?

NYS Public Health Law (PHL) Article 21 (**Chapter 163 of the Laws of 1998**) requires the reporting of persons with HIV as well as AIDS to the NYSDOH. The law also requires that reports contain the names of sexual or needle-sharing partners known to the medical provider or whom the infected person wishes to have notified. The **Medical Provider Report Form (PRF) (DOH-4189)**, must be completed within 14 days of diagnosis for persons with the following diagnoses or with known sex or needle-sharing partners:

1. **Initial/New HIV diagnosis** - First report of HIV positive test results.
2. **Previously diagnosed HIV (non-AIDS)** - Applies to a medical provider who is seeing the patient for the first time.
3. **Initial/New diagnosis of AIDS** - Including <200 CD4 cells/ $\mu$ L or an opportunistic infection (AIDS-defining illness).
4. **Previously diagnosed AIDS** - Applies to a medical provider who is seeing the patient for the first time.
5. **Known sex or needle-sharing partners of persons with diagnosed HIV infection.**

### Two. What Do Laboratories Report?

Laboratories and blood and tissue banks conducting HIV-related testing for NYS residents and/or for NYS providers (regardless of patient residence) are required to electronically report to NYSDOH results of any laboratory test, tests or series of tests approved for the diagnosis of HIV or for the periodic monitoring of HIV.

1. All reactive/repeatedly reactive initial **HIV immunoassay** results AND all results (e.g. positive, negative, indeterminate) from all **supplemental HIV immunoassays** (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
2. All **HIV nucleic acid** (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid-based testing (NAT) screening results;
3. All **CD4 lymphocyte** counts and percentages, unless known to be ordered for a condition other than HIV;
4. **HIV genotypic resistance testing** via the electronic submission of the protease, reverse transcriptase and integrase nucleotide sequence; and,
5. Positive **HIV detection** tests (culture, P24 antigen).

### Three. How Do Providers Report?

Medical providers must complete the **NYS PRF (DOH-4189)** for all reportable cases. Information regarding electronic reporting or paper forms are available from the NYSDOH **518-474-4284**; clinicians located in NYC should call **212-442-3388**. *In order to protect patient confidentiality, faxing of reports is not permitted.*

### Four. What Guidance is Available for Notifying Partners of HIV-infected Persons?

**NYS Public Health Law** requires that medical providers talk with HIV-diagnosed individuals about their options for informing their sexual and needle-sharing partners that they may have been exposed to HIV. The **NYSDOH Partner Services program** provides assistance to HIV-positive individuals and to medical providers who would like help notifying partners. **Call your local Health Department or NYSDOH Regional Contacts for Partner Services for STD/HIV for assistance.**

### Five. What About HIPAA and Confidentiality?

Under the federal HIPAA Privacy Rule, public health authorities have the right to collect or receive information “for the purpose of preventing or controlling disease” and in the “conduct of public health surveillance...” without further authorization. *This exception to HIPAA regulations authorizes medical providers to report HIV/AIDS cases to the NYSDOH without obtaining patient permission.*

# HIV/AIDS Provider Portal Quick Start Guide

## New York State Department of Health

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### Purpose of the HIV/AIDS Provider Portal

- The HIV/AIDS Provider Portal is an electronic system which enables clinicians to meet their Public Health reporting requirements electronically and to request information about their patients thought to be out of care.

### Requirements for the HIV/AIDS Provider Portal

- A New York State Department of Health (NYSDOH) Health Commerce System (HCS) Medical Professionals account is required. You likely are already using the HCS for electronic prescribing, to order official prescription pads, subscribe to public health alerts through the Health Alert Network, and access other health information exchange applications that focus on preparedness, planning, communications, response and recovery.
- To access the HCS, please visit: <https://commerce.health.ny.gov/>
  - If you already have an HCS account, ensure that your password is up to date and your NYS medical license is associated with your HCS profile.
  - If you do not have an HCS account, apply for one by calling the Commerce Accounts Management Unit at 1-866-529-1890, option1 (M-F 8am-4:45 pm) or online at <https://apps.health.ny.gov/pub/top.html>
- HIV/AIDS Provider Portal access is limited to NYS licensed MD, DO, DDS, NP, PA and midwife clinicians with a valid medical license number associated with their HCS profile. Once you establish your account, you are able to designate the HIV/AIDS Provider Portal usage to a delegate.
- **System Requirements:** Due to application and data security requirements, you must have Mozilla Firefox Internet Browser (<https://www.mozilla.org/en-US/firefox/new/>) and an updated Windows operating system (versions 7, 8, 9, or 10).

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### How to Access the HIV/AIDS Provider Portal

- Login to the HCS at <https://commerce.health.ny.gov/>
- Select “Refresh My Applications List” on left side “My Applications” List
- Select **HIV/AIDS Provider Portal**  
OR
- Select “My Content” at the top of the page
- Scroll down and select “All Applications”
- Scroll over and select “H”
- Select **HIV/AIDS Provider Portal**

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### HIV/AIDS Provider Portal Account Set Up

- Account set up is a simple one-time process that requires the following information:
  1. Your National Provider Identification (NPI)
  2. Your email address
  3. Your practice or facility address
  4. The name and HCS user ID of your desired account administrator
  5. The name and HCS user ID of your desired data entry operators

## HIV/AIDS Provider Portal Quick Start Guide

### New York State Department of Health

- Only you, the licensed Medical Provider, can add an administrator to the account. This step enables you to delegate HIV/AIDS Provider Portal usage. The licensed Medical Provider must enter the desired administrator's HCS user ID and grant this person the administrator role. Once completed, the administrator has the same permissions in the system as the provider. Anyone with assigned roles in the HIV/AIDS Provider Portal must have a valid HCS User ID.
- Once an administrator has been associated with the account, the provider may 'Skip Setup' and delegate the remaining set up to the Administrator.

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#### Using the HIV/AIDS Provider Portal for Electronic Submission of the DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF)

- Clicking on the '**ePRF Data Entry**' link from the home page will direct you to the electronic version of the PRF (ePRF) for data entry.
- The ePRF will open once the user selects the Address and Document Source.

#### Using the HIV/AIDS Provider Portal for Submission of Out of Care (OOC) or Diagnosed Not Linked to Care Patient Lists

- Clicking the '**OOC/Diagnosed Not Linked to Care/SNP**' link from the home page will direct you to the OOC and Diagnosed Not Linked to Care submission page.
- Only the Medical Provider and his/her Administrator will have access to the out of care/diagnosed not linked to care page.
- To submit an inquiry, select the downloaded template "ooc.xlsx" and enter the patient data in the file.

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#### Help Guide

- A comprehensive '**HELP GUIDE**' is located on the top right side of the HIV/AIDS Provider Portal page. It contains detailed instructions regarding setting-up the account, adding users, explains the roles of users and the functionality of each role, illustrates walkthroughs for tasks such as completing and submitting an ePRF, completing and submitting an OOC inquiry, and much more.
- For assistance with the HIV/AIDS Provider Portal, please contact the NYSDOH Bureau of HIV/AIDS Epidemiology at 518-474-4284.

## Sharing of Patient-Specific Information to Promote Linkage and Retention in HIV Care

Linkage and retention in medical care is critical to promoting positive health outcomes for people living with HIV, including achieving viral suppression and preventing transmission to partners. Health care facilities and health care providers should monitor patient linkage and retention in care. Amendments to NYS Public Health Law (PHL) § 2135 allow the health department to share patient-specific information from the HIV surveillance system with health care providers, care coordination entities and designated others for the purposes of promoting patient linkage and retention in care.

**In cases where a patient appears to out of care, the list of individuals outlined below may request information from the Department of Health to assist with locating/ returning the patient to care.**

Who May Request Information	Requirements for Requesting Information
<ul style="list-style-type: none"> <li>• A licensed medical practitioner with a documented or verifiable diagnostic, clinical or public health interest in the patient* see note below               <ul style="list-style-type: none"> <li>○ The licensed medical provider may be a physician, midwife, nurse practitioner or physician assistant;</li> <li>○ The health care provider may designate an individual within his/her practice or at an affiliated organization to submit a request and receive the information. Examples of affiliated organizations may include: health home entities; care coordination entities; Regional Health Information Organizations; and/or CBOs involved in patient linkage and retention;</li> </ul> </li> <li>• Medical Director of a managed care organization or his/her designee, including persons the Medical Director may designate from an affiliated health home or care coordination entity.</li> <li>• Care coordinators may request information from the NYS or NYC HIV Surveillance System with a written documented affiliation with the licensed medical practitioner of the patient.</li> </ul>	<p>Eligible providers requesting information should be prepared to provide the following patient information to the health department:</p> <ul style="list-style-type: none"> <li>• Patient first and last name;</li> <li>• Patient date of birth;</li> <li>• Patient sex assigned at birth;</li> <li>• Patient last known address and telephone number;</li> <li>• Patient's date of last contact with the requesting health provider (including laboratory test type and date);</li> <li>• If known and applicable, the following should also be provided:               <ul style="list-style-type: none"> <li>○ Medicaid Member Client Identification Number (CIN);</li> <li>○ New York State Department of Corrections and Community Supervision or Criminal Justice System identifier (NYSID, DIN)</li> </ul> </li> </ul> <p>When seeking information about patient linkage to care status, information provided regarding patient relocation and reports of death may help health care facilities update their active patients list and accurately report on their facility cascade of care.</p>



**\*Note:** If the health department does not have a record of the association between the patient and an affiliated health care provider, CBO laboratory testing program or care coordination entity, the DOH will request information from the provider to document the association.

#### **What Information can be shared with providers?**

The NYSDOH and NYC Health Department are able to share surveillance information for the purpose of promoting linkage and retention in HIV care. Information most likely to be helpful for these purposes will include:

- General information about care status;
- Patient relocation out of state or out of region;
- Report of death and date.

#### ***When should an eligible provider consider submitting a request for information about an individual to the NYS HIV/AIDS Provider Portal (NYS Portal) or the NYC Provider Call Line (NYC PCL) or NYC HIV Care Status Reports System (NYC CSR)?***

Requests for information should be placed for persons who have not been engaged in care for an extended period of time and in-house efforts to reach an individual have been exhausted. The following are examples of vulnerable patients, situations and timeframes where submitting a request for information to the various systems would be warranted:

- Pregnant or breastfeeding women living with HIV who are not on ART or are not known to be engaged in care (NYS Portal, NYC PCL);
- Persons diagnosed with acute HIV infection who have not attended an appointment for 30 days and in-house efforts to reach the person were unsuccessful (NYS Portal, NYC PCL);
- Persons with a detectable viral load who have not attended an appointment for more than 120 days and in-house efforts to reach the person were unsuccessful (NYS Portal);
- Any person living with HIV with no evidence of HIV care, CD4 monitoring or viral load testing for more than 6 months (NYS Portal, NYC PCL, NYC CSR).

Requests should not be placed for individuals who have consistently accessed care, are virally suppressed and/or have an isolated instance of a missed appointment.

#### **For Urgent Requests:**

In the event of an urgent request, such as an out-of-care pregnant or breastfeeding woman living with HIV or an individual with suspected acute HIV infection, the NYS DOH or NYC Health Department can be contacted for more immediate assistance. Additional information about submitting urgent requests to the NYC CSR and NYC PCL for can be found at

<https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page>.

## **How to submit a request for information**

The HIV/AIDS Provider Portal is an electronic system which enables clinicians to meet their Public Health reporting requirements electronically and provides a mechanism to submit to the NYSDOH

inquiries for patients with diagnosed HIV infection who are thought to be in need of assistance with linkage to or retention in HIV medical care. See Section 3 for more information about the HIV/AIDS Portal.

#### NYC HIV Care Status Report and Provider Call Line

Eligible NYC providers with patients who have been out-of-care for at least 12 months can use the NYCDOHMH's [HIV Care Status Reports System](#) (CSR) to obtain NYC current care status. Information from the CSR may be useful to your follow-up efforts. Eligible NYC providers may also call the NYC DOHMH Provider Call Line at 212-442-3388 to obtain information that may help link or retain patients in care.

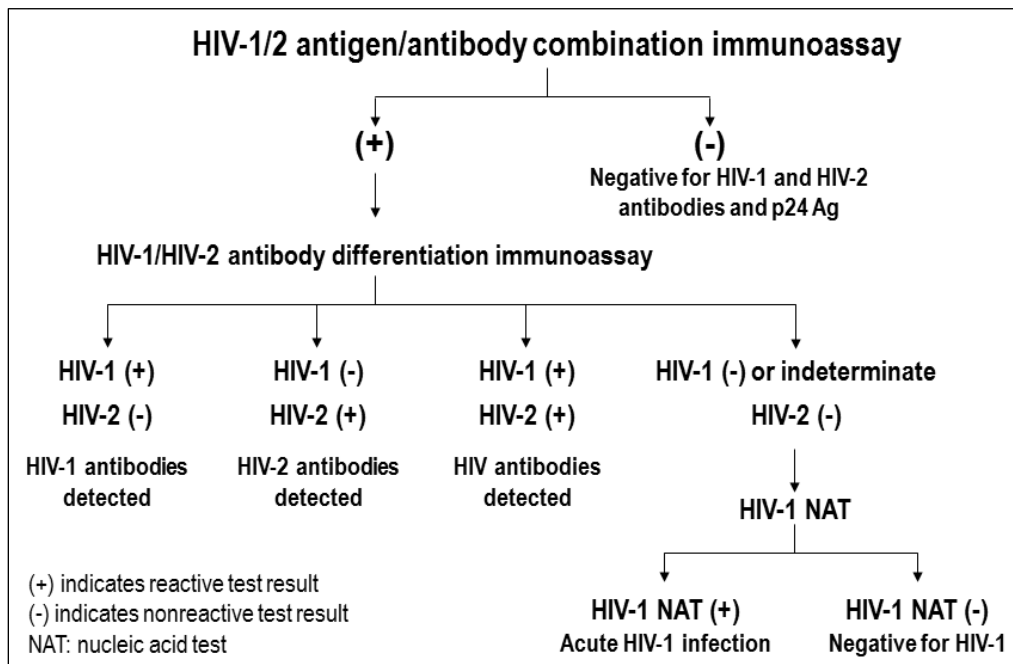
#### For Urgent Requests:

In the event of an urgent request, such as an out of care pregnant or breastfeeding HIV-infected patient, the NYSDOH or NYCDOHMH can be contacted for more immediate assistance.

Health care providers in NYS, outside of New York City: Urgent requests should be called into the Bureau of HIV/AIDS Epidemiology at 518-474-4284 between the hours of 8:00am and 4:45pm Monday - Friday.

Health care providers in NYC: Urgent requests should be called into the NYCDOHMH HIV Epidemiology and Field Services Program at 212-442-3388 between the hours of 8:00am and 4:45pm Monday - Friday.

### Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



1. Laboratories should conduct initial testing for HIV with an FDA-approved antigen/antibody combination immunoassay\* that detects HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen to screen for established infection with HIV-1 or HIV-2 and for acute HIV-1 infection. No further testing is required for specimens that are nonreactive on the initial immunoassay.
2. Specimens with a reactive antigen/antibody combination immunoassay result (or repeatedly reactive, if repeat testing is recommended by the manufacturer or required by regulatory authorities) should be tested with an FDA-approved antibody immunoassay that differentiates HIV-1 antibodies from HIV-2 antibodies. Reactive results on the initial antigen/antibody combination immunoassay and the HIV-1/HIV-2 antibody differentiation immunoassay should be interpreted as positive for HIV-1 antibodies, HIV-2 antibodies, or HIV antibodies, undifferentiated.
3. Specimens that are reactive on the initial antigen/antibody combination immunoassay and nonreactive or indeterminate on the HIV-1/HIV-2 antibody differentiation immunoassay should be tested with an FDA-approved HIV-1 nucleic acid test (NAT).
  - A reactive HIV-1 NAT result and nonreactive HIV-1/HIV-2 antibody differentiation immunoassay result indicates laboratory evidence for acute HIV-1 infection.
  - A reactive HIV-1 NAT result and indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates the presence of HIV-1 infection confirmed by HIV-1 NAT.
  - A negative HIV-1 NAT result and nonreactive or indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates a false-positive result on the initial immunoassay.
4. Laboratories should use this same testing algorithm, beginning with an antigen/antibody combination immunoassay, with serum or plasma specimens submitted for testing after a reactive (preliminary positive) result from any rapid HIV test.

\* *Exception: As of April 2014, data are insufficient to recommend use of the FDA-approved single-use rapid HIV-1/HIV-2 antigen/antibody combination immunoassay as the initial assay in the algorithm.*

**Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and NYSDOH  
Non-Differentiating HIV Ag-Ab Screening Assay (Step 1)**

<b>Step 1 HIV Ag-Ab Screening Assay</b>	<b>Step 2 HIV-1/2 Ab Differentiation Assay</b>	<b>Step 3 HIV-1 RNA Assay</b>	<b>Interpretation for Laboratory Report returned to Health Care Provider</b>	<b>Results reported to NYSDOH via ECLRS</b>
NR	N/A	N/A	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection.	NOT reportable
R	HIV-1 Pos	N/A	Positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection is present. <sup>1</sup>	Report all results
R	HIV-2 Pos <sup>4</sup>	N/A	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present. <sup>1,3</sup>	Report all results
R	NR or Any IND (HIV-1,HIV-2 or HIV) <sup>5</sup>	Detected <sup>2</sup>	Positive for HIV-1. Laboratory evidence consistent with acute or early HIV-1 infection is present. <sup>1</sup>	Report all results
R	NR or Any IND (HIV-1,HIV-2 or HIV) <sup>5</sup>	Not detected <sup>2</sup>	HIV antibodies were not confirmed and HIV-1 RNA was not detected. Possible false positive. Further testing is recommended if warranted by clinical evaluation or risk factors. <sup>3</sup>	Report all results
R	HIV Pos Untypable	N/A	Positive for HIV antibodies. Laboratory evidence of HIV infection is present. Antibodies not differentiated as HIV-1 or HIV-2. HIV-1 RNA and HIV-2 RNA or DNA testing is recommended. <sup>1,4</sup>	Report all results

**Abbreviations: Ag=antigen; Ab=antibody; R=reactive; NR=non-reactive; UR=unreportable HIV-1 Ag due to high HIV Ab level; R-UND=Reactive-Undifferentiated; Pos=Positive; IND=Indeterminate; N/A=not applicable**

<sup>1</sup> *Case reporting statement must appear on provider report.* Under public health law, within 14 days of diagnosis medical providers are required to report to the NYSDOH cases of HIV infection, HIV-related illness, AIDS and, for newly diagnosed cases, the names of all contacts known to the provider. Please contact the NYSDOH at (518) 474-4284 for additional information and reporting forms.

<sup>2</sup> If HIV-1 RNA assay was not performed or not reported due to invalid result, then algorithm results are inconclusive. The report should state that an HIV-1 RNA test should be ordered as soon as possible. Contact the NYSDOH Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-1 RNA testing.

<sup>3</sup> Contact the NYSDOH Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-2 nucleic acid testing.

<sup>4</sup> Includes both 'HIV-2 Positive' and 'HIV-2 Positive with HIV-1 Cross-Reactivity' results on the Geenius HIV-1/2 Supplemental Test.

<sup>5</sup> Studies have shown that the Geenius HIV-1/2 Supplemental test may produce an HIV-2 indeterminate result for specimens collected during acute HIV-1 infection. Therefore HIV-1 RNA testing is recommended when any indeterminate result occurs, regardless of HIV type.

**Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and NYSDOH  
Differentiating HIV Ag-Ab Screening Assay (Step 1)**

Step 1 - Differentiating HIV Ag-Ab Screening Assay <sup>7</sup>				Step 2 HIV-1/2 Ab Differentiation Assay	Step 3 HIV-1 RNA Assay	Interpretation for Laboratory Report Returned to Health Care Provider	Results reported to NYSDOH via ECLRS
HIV Ag-Ab	HIV-1 Ag	HIV-1 Ab	HIV-2 Ab				
NR	NR	NR	NR	N/A	N/A	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection.	NOT reportable
R	R	NR	NR	Not Done <sup>6</sup>	Detected <sup>2</sup>	Positive for HIV-1. Laboratory evidence consistent with acute HIV-1 infection is present. <sup>1</sup>	Report all results <sup>7</sup>
R	R	NR	NR	Not Done <sup>6</sup>	Not detected <sup>2</sup>	HIV-1 RNA was not detected. Possible false positive. Further testing is recommended if warranted by clinical evaluation or risk factors.	Report all results <sup>7</sup>
R	NR, R or UR	R	NR	HIV-1 Pos	N/A	Positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection is present. <sup>1</sup>	Report all results <sup>7</sup>
		R-UND	R-UND				
R	NR	NR	R	HIV-2 Pos <sup>4</sup>	N/A	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present. <sup>1,3</sup>	Report all results <sup>7</sup>
		R-UND	R-UND				
R	R or UR	NR	R	HIV-2 Pos <sup>4</sup>	Not detected <sup>2</sup>	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present. <sup>1,3</sup>	Report all results <sup>7</sup>
		R-UND	R-UND				
R	R or UR	NR	R	HIV-2 Pos <sup>4</sup>	Detected <sup>2</sup>	Positive for HIV-1 RNA and HIV-2 antibodies. Laboratory evidence is consistent with acute HIV-1 infection and HIV-2 infection; HIV-2 RNA or DNA testing is recommended to verify HIV-1/HIV-2 co-infection. <sup>1, 3</sup>	Report all results <sup>7</sup>
		R-UND	R-UND				
R	NR, R or UR	R	NR	NR or Any IND (HIV-1, HIV-2 or HIV) <sup>5</sup>	Detected <sup>2</sup>	Positive for HIV-1. Laboratory evidence consistent with acute or early HIV-1 infection is present. <sup>1</sup>	Report all results <sup>7</sup>
		R-UND	R-UND				
R	NR, R or UR	R	NR	NR or HIV-1 IND	Not detected <sup>2</sup>	HIV antibodies were not confirmed and HIV-1 RNA was not detected. Possible false positive. Further testing is recommended if warranted by clinical evaluation or risk factors. <sup>3</sup>	Report all results <sup>7</sup>
R	NR, R or UR	NR	R	NR or Any IND (HIV-1, HIV-2 or HIV) <sup>5</sup>	Not detected <sup>2</sup>	HIV antibodies were not confirmed and HIV-1 RNA was not detected. Results are inconclusive. HIV-2 RNA or DNA testing is recommended. <sup>3</sup>	Report all results <sup>7</sup>
		R-UND	R-UND				
R	NR, R or UR	R	NR	HIV Pos Untypable	N/A	Positive for HIV antibodies. Laboratory evidence of HIV infection is present. Antibodies not differentiated as HIV-1 or HIV-2. HIV-1 RNA and HIV-2 RNA or DNA testing is recommended. <sup>1, 3</sup>	Report all results <sup>7</sup>
		R-UND	R-UND				
		NR	R				

**Abbreviations: Ag=antigen; Ab=antibody; R=reactive; NR=non-reactive; UR=unreportable HIV-1 Ag due to high HIV Ab level; R-UND=Reactive-Undifferentiated; Pos=Positive; IND=Indeterminate; N/A=not applicable**

<sup>1</sup> *Case reporting statement must appear on provider report.* Under public health law, within 14 days of diagnosis medical providers are required to report to the NYSDOH cases of HIV infection, HIV-related illness, AIDS and, for newly diagnosed cases, the names of all contacts known to the provider. Please contact the NYSDOH at (518) 474-4284 for additional information and reporting forms.

<sup>2</sup> If HIV-1 RNA assay was not performed or not reported due to invalid result, then algorithm results are inconclusive. The report should state that an HIV-1 RNA test should be ordered as soon as possible. Contact the NYSDOH Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-1 RNA testing.

<sup>3</sup> Contact the NYSDOH Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-2 nucleic acid testing.

<sup>4</sup> Includes both 'HIV-2 Positive' and 'HIV-2 Positive with HIV-1 Cross-Reactivity' results on the Geenius HIV-1/2 Supplemental Test.

<sup>5</sup> Studies have shown that the Geenius HIV-1/2 Supplemental test may produce an HIV-2 indeterminate result for specimens collected during acute HIV-1 infection. Therefore HIV-1 RNA testing is recommended when any indeterminate result occurs, regardless of HIV type.

<sup>6</sup> According to CDC's current recommendations, a specimen that is reactive on a HIV Ag-Ab screening immunoassay should be tested with a supplemental HIV-1/HIV-2 antibody differentiation assay. However, if the HIV Ag-Ab screening immunoassay results indicate the specimen is reactive for HIV-1 antigen and nonreactive for HIV-1 and HIV-2 antibodies, the laboratory may opt to omit the supplemental antibody test step and perform the HIV-1 RNA test as the next step in the algorithm.

<sup>7</sup> When the differentiating HIV Ag-Ab screening result is reactive (R), report results of ALL individual analytes, including the HIV Ag-Ab, HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab. In addition, report ALL results of supplemental testing performed on the specimen.



## Identifying Cases of Acute HIV Infection

### Background

Early detection of HIV is important for improving patient health outcomes and preventing transmission of HIV. The earliest stage of HIV infection, referred to as primary infection or acute HIV infection (AHI) lasts 4 to 8 weeks and is associated with very high levels of viremia and increased likelihood of transmitting the virus to partners. Despite the fact that more than 75% of people develop symptoms of AHI and the fact that many of these individuals seek health care services for these symptoms, very few cases of infection are identified during the acute stage, representing a significant missed opportunity.

### Symptoms of Acute HIV Infection

The symptoms of AHI are very similar to the symptoms of the flu with some important differences outlined in the chart to the right. Nasal congestion, sneezing and cough are not typically present with AHI and can be used to help differentiate cases of the flu. The presence of rash or mouth sores may indicate AHI, especially if the patient reports sexual or needle sharing behaviors or acquisition of a sexually transmitted infection during the past 2-6 weeks.

Symptom	AHI	Flu
Fever	X	X
Fatigue	X	X
Muscle ache	X	X
Headache	X	X
Sore Throat	X	X
Swollen Lymph nodes	X	X
Rash	X	
Mouth sores	X	
Nasal congestion and sneezing		X
Cough		X

### Updated Clinical Guidelines for Diagnosing and Managing Acute HIV Infection

In September of 2015, the NYS Clinical Guidelines Program updated clinical guidelines on the [diagnosis and management of acute HIV infection](#). These guidelines acknowledge the importance of screening for AHI and early initiation of anti-retroviral treatment (ART), including during the acute phase of infection. The guidelines direct clinicians to include AHI in the differential diagnosis for *anyone* (regardless of reported risk) with a flu- or mono-like illness especially when the patient:

- Presents with a rash
- Requests HIV testing
- Reports recent sexual or parenteral exposure to a person with or at risk for HIV infection
- Presents with a newly diagnosed sexually transmitted infection
- Presents with aseptic meningitis
- Is pregnant or breastfeeding
- Is currently on pre- or post-exposure prophylaxis (PrEP or PEP)

**When acute HIV infection is suspected:**

- A fourth-generation antigen/antibody combination assay is recommended as the initial HIV screening test in accordance with the updated CDC HIV testing algorithm. (See Section 5)
- A plasma HIV RNA assay should be ordered concurrently with HIV testing, especially if 4<sup>th</sup> generation antigen/antibody combination assay is not available
- Detection of HIV RNA with  $\geq 5,000$  copies/mL should be considered a presumptive diagnosis of acute infection even if the screening and antibody-differentiation tests are nonreactive or indeterminate
- HIV RNA testing should be repeated to exclude a false-positive result when low-level quantitative results ( $< 5000$  copies/mL) from an HIV RNA assay are reported in the absence of serologic evidence of HIV infection
- If a diagnosis of HIV infection is made on the basis of HIV RNA testing alone, a new specimen should be collected 3 weeks later and HIV diagnostic testing should be repeated according to the CDC HIV testing algorithm.

**Key Points for Identification of Cases of Acute HIV:**

1. Be alert for the symptoms of acute HIV
2. Ask patients with symptoms suggestive of acute HIV about possible recent sexual or needle sharing behavior and recent sexually transmitted infection
3. A fourth-generation antigen/antibody combination assay is recommended as the initial HIV test
4. Order a plasma HIV RNA assay in conjunction with HIV testing
5. Be familiar with the updated HIV testing algorithm (See Section 5)

For clinical training on acute HIV infection, visit [www.ceitraining.org](http://www.ceitraining.org) and type acute HIV infection into the search bar.

# EXPECT THE TEST

This health care facility follows good medical practice and public health law by offering HIV testing to all patients aged 13 and older.

## Routine Lab Tests

✓	Glucose
✓	Cholesterol
✓	HIV Test
✓	Complete Blood Count
✓	Lipid Profile

## HERE'S WHAT YOU NEED TO KNOW ABOUT HIV TESTING

- HIV testing is voluntary and all HIV test results are confidential (private).
- HIV can be spread through unprotected sex, sharing needles, childbirth, or breastfeeding.
- Treatment for HIV is effective, has few or no side effects, and may involve taking just one pill a day.
- Partners can keep each other safe by knowing their HIV status and getting HIV treatment or taking HIV pre-exposure prophylaxis (PrEP). Not sharing needles and practicing safer sex will help protect against HIV, hepatitis C and other STDs.
- It is illegal to discriminate against a person because of their HIV status.
- Anonymous HIV testing (without giving your name) is available at certain public testing sites.
- HIV testing is a routine part of health care but you have the right to object or decline an HIV test.
- If you wish to decline HIV testing, inform the health care provider.

Talk to your health care provider about how and when you will learn your HIV results.  
Worst HIV status: unknown. Testing puts you in control. [HIVtestNY.org](http://HIVtestNY.org)



Department  
of Health

# ESPERE LA PRUEBA

Este centro de atención médica sigue las buenas prácticas médicas y las leyes de salud pública al ofrecer pruebas de VIH a todos los pacientes mayores de 13 años de edad.

## Pruebas de laboratorio de rutina

✓	Glucosa
✓	Colesterol
✓	Prueba de VIH
✓	Conteo completo de sangre
✓	Perfil de lípidos

## ESTO ES LO QUE DEBE SABER SOBRE LAS PRUEBAS DE VIH

- La prueba de VIH es voluntaria y todos los resultados de la prueba de VIH son confidenciales (privados).
- El VIH se puede contagiar a través del sexo sin protección, las agujas compartidas, el parto o al amamantar al bebé.
- El tratamiento para el VIH es eficaz, tiene pocos o ningún efecto secundario y podría involucrar tomar solo una pastilla al día.
- Las parejas pueden mantenerse seguras al conocer su estado del VIH y recibir tratamiento para el VIH o tomar o tomar profilaxis previa a la exposición (pre-exposure prophylaxis, PrEP) contra el VIH. No compartir agujas y practicar sexo seguro lo ayudará a protegerse contra el VIH, la hepatitis C y otras ETS.
- Es ilegal discriminar a una persona debido a su estado de VIH.
- Las pruebas anónimas del VIH (sin dar su nombre) están disponibles en algunos sitios de pruebas.
- Las pruebas de VIH son una parte rutinaria de la atención médica, pero tiene derecho de oponerse o rechazar una prueba de VIH.
- Si usted desea rechazar una prueba de VIH, infórmelo al proveedor de atención médica.

Hable con su proveedor de atención médica sobre cómo y cuándo conocerá sus resultados de VIH.  
Peor estado de VIH: desconocido. La prueba le da el control. [HIVtestNY.org](http://HIVtestNY.org)



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## More information and help.

**New York State Department of Health**  
[health.ny.gov/diseases/aids/publications](http://health.ny.gov/diseases/aids/publications)

### **New York State HIV/AIDS hotlines (toll-free)**

English: 1-800-541-AIDS

Spanish: 1-800-233-SIDA

TDD: 1-800-369-2437

Voice callers can use the New York Relay System 711 or 1-800-421-1220 and ask the operator to dial 1-800-541-2437

### **NYSDOH Anonymous HIV Counseling and Testing Program**

For HIV information, referrals, or information on how to get a free, anonymous HIV test, call the Anonymous HIV Counseling and Testing Program.

**Albany Region:** 1-800-962-5065

**Buffalo Region:** 1-800-962-5064

**Long Island Region (Suffolk/Nassau):**  
1-800-462-6786

**Lower Hudson Valley Region:**  
1-800-828-0064

**Rochester Region:** 1-800-962-5063; TDD:  
1-585-423-8120

**Syracuse Region:** 1-800-562-9423

**New York City: 311 to for information on DOHMH STD clinics**

## More information and help.

**New York City HIV/AIDS Hotline**  
1-800-TALK-HIV (825-5448)

**National Centers for Disease Control  
STD hotlines**  
English/Spanish 1-800-232-4636, TTY  
1-888-232-6348

**New York State HIV/AIDS Counseling Hotline**  
1-800-872-2777

**New York State Partner Services:**  
1-800-541-AIDS

**New York City Contact Notification  
Assistance Program:**  
1-212-693-1419

**Confidentiality**  
**New York State Confidentiality Hotline:**  
1-800-962-5065  
**Legal Action Center:** 1-212-243-1313 or  
1-800-223-4044

# EXPECT THE TEST

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## Routine Lab Tests

✓	Glucose
✓	Cholesterol
✓	HIV Test
✓	Complete Blood Count
✓	Lipid Profile

**Worst HIV status: unknown  
Testing puts you in control.**

[hivtestny.org](http://hivtestny.org), [Health.ny.gov/aids](http://Health.ny.gov/aids), [NYC.gov/health](http://NYC.gov/health)



# Key facts to know before getting an HIV Test.

- HIV testing is voluntary and all HIV test results are confidential (private).
- HIV can be spread through unprotected sex, sharing needles, childbirth, or by breastfeeding.
- Treatment for HIV is effective, has few or no side effects and may involve taking just one pill a day.
- Partners can keep each other safe by knowing their HIV status and getting HIV treatment or taking HIV pre-exposure prophylaxis (PrEP). Not sharing needles and practicing safer sex will help protect against HIV, hepatitis C and other STDs.
- It is illegal to discriminate against a person because of their HIV status.
- Anonymous HIV testing (without giving your name) is available at certain public testing sites.
- HIV testing is a routine part of health care but you have the right to object or decline an HIV test.
- If you wish to decline HIV testing, inform the health care provider.

# HIV testing is especially important for pregnant women.

- A woman living with HIV can pass the virus to her child during pregnancy, child birth, or through breastfeeding.
- It is much better to know your HIV status before or early in pregnancy so you can make important decisions about your own health and the health of your baby.
- HIV testing is conducted as early as possible in your pregnancy and again in the third trimester with patient consent.
- If you are pregnant and have HIV, treatment is available for your own health and to prevent passing HIV to your baby.
- If you have HIV and do not get treatment, the chance of passing HIV to your baby is one in four. If you get treatment, your chance of passing HIV to your baby is much lower.
- If you are not tested during pregnancy, your provider will recommend testing when you are in labor. In all cases, your baby will be tested after birth. If your baby's test is positive, it means that you have HIV and your baby has been exposed to the virus.

Talk to your health care provider about how and when you will learn your HIV test results.

**A person living with HIV who is on HIV treatment and virally suppressed for 6 months or longer has effectively no risk of passing HIV to a partner through sex. This is called Undetectable equals Untransmittable or U=U.**

**State law protects the confidentiality (privacy) of your HIV test results. It also protects you against discrimination based on your HIV status.**



# Más información y ayuda.

Departamento de Salud del Estado de Nueva York  
[health.ny.gov/diseases/aids/publications](http://health.ny.gov/diseases/aids/publications)

**New York State HIV/AIDS hotlines (Línea directa de ayuda para el VIH/SIDA del Estado de Nueva York) (llamada gratuita)**

Inglés: 1-800-541-AIDS

Español: 1-800-233-SIDA

TDD: 1-800-369-2437

Las llamadas de voz se pueden hacer al Sistema de retransmisión de Nueva York (New York Relay System) 711 o al 1-800-421-1220 y pida a la operadora que marque el 1-800-541-2437

**NYSDOH Anonymous HIV Counseling and Testing Program (Programa anónimo de consejería y pruebas de VIH del NYSDOH)**

Para obtener información sobre el VIH, remisiones o cómo obtener pruebas gratuitas y anónimas del VIH, llame al programa anónimo de consejería y pruebas de VIH.

**Región de Albany:** 1-800-962-5065

**Región de Búfalo:** 1-800-962-5064

**Región de Long Island (Suffolk/Nassau):**  
1-800-462-6786

**Región baja de Hudson Valley:**  
1-800-828-0064

**Región de Rochester:** 1-800-962-5063;  
TDD: 1-585-423-8120

**Región de Syracuse:** 1-800-562-9423

**Ciudad de Nueva York: 311 para información sobre las Clínicas de ETS del DOHMH**

# Más información y ayuda.

Línea directa para el VIH/SIDA de la Ciudad de Nueva York  
1-800-TALK-HIV (825-5448)

**National Centers for Disease Control STD hotlines (Línea directa de los Centros Nacionales para el Control de ETS)**  
Inglés/español 1-800-232-4636, TTY 1-888-232-6348

**New York State HIV/AIDS Counseling Hotline (Línea directa de consejería sobre el VIH/SIDA del estado de Nueva York)**  
1-800-872-2777

**New York State Partner Services (Servicios para Parejas del Estado de Nueva York):**  
1-800-541-AIDS

**New York City Contact Notification Assistance Program (Programa de Ayuda para la Notificación de Contacto de la Ciudad de Nueva York):**  
1-212-693-1419

**Confidencialidad**  
**New York State Confidentiality Hotline (Línea directa de confidencialidad del estado de Nueva York):**  
1-800-962-5065

**Legal Action Center (Centro de Acciones Legales):** 1-212-243-1313 o 1-800-223-4044



9823 (Spanish)

Department of Health

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## Pruebas de laboratorio de rutina

✓	Glucosa
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✓	Conteo completo de sangre
✓	Perfil de lípidos

**Peor estado de VIH: desconocido.**  
**La prueba le da el control.**

[hivtestny.org](http://hivtestny.org), [Health.ny.gov/aids](http://Health.ny.gov/aids), [NYC.gov/health](http://NYC.gov/health)

## Datos importantes que debe saber antes de hacerse una prueba del VIH.

- La prueba del VIH es voluntaria y todos los resultados de las pruebas de VIH son confidenciales (privados).
- El VIH se puede contagiar a través del sexo sin protección, las agujas compartidas, el parto o al amamantar al bebé.
- El tratamiento para el VIH es eficaz, tiene pocos o ningún efecto secundario y podría involucrar tomar solo una pastilla al día.
- Las parejas pueden mantenerse seguras al conocer su estado del VIH y recibir tratamiento para el VIH o tomar profilaxis previa a la exposición (pre-exposure prophylaxis, PrEP) contra el VIH. No compartir agujas y practicar sexo seguro lo ayudará a protegerse contra el VIH, la hepatitis C y otras ETS.
- Es ilegal discriminar contra una persona debido a su estado de VIH.
- Las pruebas anónimas del VIH (sin dar su nombre) están disponibles en algunos sitios de pruebas.
- Las pruebas de VIH son una parte rutinaria de la atención médica, pero tiene derecho de oponerse o rechazar una prueba de VIH.
- Si usted desea rechazar una prueba de VIH, infórmelo al proveedor de atención médica.

## La prueba del VIH es especialmente importante para las mujeres embarazadas.

- Una mujer que vive con VIH puede transmitir el virus a su hijo durante el embarazo, el parto o durante la lactancia materna.
- Es recomendable que conozca cuál es su estado de VIH antes de un embarazo o durante las primeras etapas de este, para que pueda tomar decisiones importantes sobre su propia salud y la salud de su bebé.
- Las pruebas de VIH se llevan a cabo tan pronto como le sea posible en su embarazo y de nuevo en el tercer trimestre con consentimiento del paciente.
- Si usted está embarazada y tiene el VIH, hay tratamientos disponibles para su propia salud y para evitar que le transmita el VIH a su bebé.
- Si tiene VIH y no recibe tratamiento, las posibilidades de transmitir el VIH a su bebé son una de cada cuatro. Si recibe tratamiento, las posibilidades de transmitirle el VIH a su bebé son mucho menores.
- Si no se hace una prueba durante el embarazo, su proveedor le recomendará que se haga la prueba cuando esté en trabajo de parto. En cualquier caso, se le hará una prueba a su bebé después del parto. Si la prueba de su bebé es positiva, esto significa que usted tiene el VIH y su bebé ha sido expuesto al virus.

**Hable con su proveedor de atención médica sobre cómo y cuándo conocerá sus resultados de la prueba del VIH.**

**La ley estatal protege la confidencialidad (privacidad) de sus resultados de la prueba de VIH. También lo protege contra la discriminación basada en su estado de VIH.**

## Information on Non-reactive (Negative) HIV Test Results

You have received a non-reactive HIV test result today. This almost always means you are not living with HIV.

### Does a non-reactive result mean I definitely do not have HIV?

There is a period between the time of getting HIV and the time that an HIV test can detect HIV infection. If you have engaged in risk behaviors for HIV during the month prior to your test, you should speak to your provider about your need to be re-tested for HIV.

### What actions put you at risk for HIV?

- Engaging in anal or vaginal intercourse
- Sharing drug paraphernalia like syringes and cookers, or sharing needles used for tattoos or piercings
- The use of drugs and/or alcohol can put you at risk by making it harder for you to practice safe behavior

#### **Undetectable equals Untransmittable (U=U):**

A person living with HIV who is on HIV treatment and virally suppressed for 6 months or longer has effectively no risk of passing HIV to a partner through sex.

### If you are planning to have a baby, or are pregnant:

Even if your test result is nonreactive today, testing and retesting of both the mother and the father may be indicated based on risk factors for HIV. It is important to know your HIV status because HIV can be passed to your baby during pregnancy, delivery or through breastfeeding.

### A nonreactive test result provides opportunities to protect yourself from getting HIV:

- **Abstain** - Not having sex or sharing needles, syringes or other drug injection equipment with a person who has HIV or whose HIV status you don't know is a sure way to protect yourself from HIV.
- **Use a latex male condom or a female condom.** Condoms work very well to prevent HIV and other sexually transmitted diseases if you use them the right way, every time you have sex.
- **PrEP (Pre-Exposure Prophylaxis)** is a daily pill that can prevent HIV infection. PrEP is very effective at preventing HIV. Ask your provider if PrEP may be right for you.
- **PEP (Post-Exposure Prophylaxis)** is a medication that can protect you from HIV if you were recently exposed. If you start it within 2 hours of the exposure, it gives the best protection; if you start within 2-36 hours, it gives very good protection; between 36-72 hours it gives less protection as time passes; it is not started after 72 hours. If you think you were exposed to HIV through contact with someone who has or might have HIV, go **immediately** to an emergency room and ask for PEP.
- **Consider your drug use** – Using drugs or alcohol causes changes in awareness, attitude, consciousness and behavior and can lower your ability to make decisions about safer sex and using clean needles and works.
- **If you use needles or syringes** - Use new needles and equipment each time and don't share anything, including cotton or water. Avoid buying needles on the street, even if they look new
  - **Expanded Syringe Access Programs** provide needles and syringes at pharmacies and other locations: [www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/esap/provdirect.htm](http://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/provdirect.htm)
  - **Syringe Exchange Programs** provide needles and syringes free of charge: [www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/docs/sep\\_hours\\_sites.pdf](http://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/docs/sep_hours_sites.pdf)
  - Do not share needles for ear piercing, body piercing or tattooing.

## **If you have been diagnosed as living with HIV.**

- 1. HIV testing involves a series of tests. At least two tests indicated that you are living with HIV. HIV is a lifelong infection that can be managed.**
- 2. You can live a healthy life with HIV.**
  - HIV treatment is very effective, has few or no side effects and may involve taking just one pill once a day.
  - Getting into treatment as soon as possible will help you stay healthy.
- 3. Your tester will schedule, with your permission, a follow-up appointment with a health care provider.**
  - If you are diagnosed with as living with HIV, every effort will be made to link you directly to primary care, prevention, support and partner services.
  - It is not enough for a tester to give you contact information for a Designated AIDS Center (DAC) or an HIV experienced provider. They must actively link you to primary care.
  - The health care professional who conducted HIV testing must schedule, with your permission, a follow-up medical appointment for HIV care. The appointment is voluntary.
  - Minors may consent to their own HIV treatment without the involvement of a parent or guardian.
- 4. There is financial assistance for HIV medical care and HIV medications.**
  - Medicaid and private insurance plans cover HIV treatment and medications.
  - If you need assistance, talk with your health care provider, social services provider or call the HIV Uninsured Care Program. Program's Hours of Operation: Monday - Friday, 8:00AM - 5:00PM; In State - Toll Free 1-800-542-2437 or 1-844-682-4058 Out of State - (518) 459-1641; TDD - (518) 459-0121
- 5. Your health provider will talk with you about notifying your sex partners or needle-sharing partners.**
  - Your partners need to know that they may have been exposed to HIV so they can get tested and treated if they have HIV.
  - If, you are uncomfortable notifying your partners on your own, your health care provider can notify them (either with you or without you present).
  - Health Department Counselors (Partner Services Specialists) can also help notify your partner(s) without ever telling them your name.

- If your health care provider knows the name(s) of your spouse or other partners, he or she must report the names of these individuals to the Health Department.
- To ensure your safety, the Partner Services Specialist or your health care provider will ask you questions about the risk of domestic violence for each partner to be notified.
- If there is any risk that your partner would hurt you, the Partner Services Specialist or your health care provider will not notify partners right away and will assist you in getting help.

**6. If a person with HIV is not engaged in health care, he or she may be contacted by the medical provider or health department staff to address barriers to entry into care and promote engagement in care.**

**7. State law protects the confidentiality (privacy) of your test results. It also protects you from being discriminated against based on your HIV status.**

- In almost all cases, you will be asked to give written approval before your HIV test result can be shared.
- Your HIV information can be released to health care providers caring for you or your exposed child; to health officials when required by law; to insurers to permit payment, to those involved in foster care or adoption, to official correctional, probation and parole staff, to emergency or health care staff accidentally exposed to your blood, or by special court order.
- The names of people with HIV are reported to the State Health Department for tracking the epidemic and planning services.
- The HIV Confidentiality Hotline at 1-800-962-5065 can answer your questions and help with confidentiality problems.
- If you think you've been discriminated against based on your HIV status, call the New York State Division of Human Rights at 1-718-741-8400.

**Thinking about the Future: HIV Treatment is Important for You and Your Sexual Partners**

A person living with HIV who is on HIV treatment and virally suppressed for 6 months or longer has effectively no risk of passing HIV to a partner through sex. This is called Undetectable equals Untransmittable or U=U.

## More Information and Help

### New York State Department of Health website

[www.health.ny.gov/diseases/aids/publications](http://www.health.ny.gov/diseases/aids/publications)

### New York State HIV/AIDS hotlines (toll-free)

English 1-800-541-AIDS

Spanish 1-800-233-SIDA

TDD 1-800-369-2437

Voice callers can use the New York Relay System 711 or

1-800-421-1220 and ask the operator to dial 1-800-541-2437

### HIV Uninsured Care Program

**Program's Hours of Operation: Monday - Friday, 8:00AM - 5:00PM**

**In State** - Toll Free 1-800-542-2437 or 1-844-682-4058

**Out of State** - (518) 459-1641

**TDD** - (518) 459-0121

### New York City HIV/AIDS Hotline

1-800-TALK-HIV (825-5448)

### National Centers for Disease Control STD hotlines

English/Spanish 1-800-232-4636, TTY 1-888-232-6348

### New York State HIV/AIDS Counseling Hotline

1-800-872-2777

### New York State Partner Services:

1-800-541-AIDS

### New York City Contact Notification Assistance Program:

1-212-693-1419

### Confidentiality

New York State Confidentiality Hotline: 1-800-962-5065

Legal Action Center: 1-212-243-1313 or 1-800-223-4044

### Expanded Syringe Access Program (ESAP)

English 1-800-541-2437

Spanish 1-800-233-7432

### Human rights/discrimination

New York State Division of Human Rights: 1-718-741-8400

New York City Commission on Human Rights: 1-212-306-7500



**Occupational Exposure and HIV Testing:  
Fact Sheet and Frequently Asked Questions  
New York State Department of Health AIDS Institute**

New York State Public Health Law related to HIV testing has evolved over the years to keep pace with changes in the epidemic and clinical practice. Key provisions were passed in 2010, 2014, 2015 and 2016 and comprehensive updated ***HIV/AIDS Testing, Reporting and Confidentiality of HIV Related Information*** regulations were finalized and published in the State Register on May 17, 2017. This document incorporates all developments since 2010 and represents the current regulatory landscape.

### **Clinical Background**

Post-exposure prophylaxis (PEP) is very effective at preventing transmission of HIV in cases of occupational exposure to HIV-infected blood or body fluids. Health care providers managing cases of occupational exposure should be familiar with [NYS Clinical Guidelines for HIV Prophylaxis Following Occupational Exposure](#) and the designated regimen of antiviral medication should be started within 36 hours of the exposure, ideally within 2 hours. Decisions regarding initiation of PEP beyond 36 hours but no longer than 72 hours after the exposure are made on a case by case basis with recognition of diminished efficacy. HIV testing of the source patient provides important clinical information in these cases but a first dose of PEP should be offered while evaluation is underway. PEP should not be delayed while awaiting information about the source patient's HIV status/ test result or results of the exposed worker's baseline HIV test. A three to five-day starter pack should be provided and arrangements made for obtaining the supply of PEP drugs to complete the 28-day regimen.

Related Clinical Guidelines	
<a href="#">HIV Prophylaxis Following Non-Occupational Exposure</a> – for possible exposure through sexual activity or needle sharing	<a href="#">HIV Prophylaxis for Victims of Sexual Assault</a> – for possible exposure in cases of sexual assault

### **Indications for Post-Exposure Prophylaxis in Cases of Health Care Occupational Exposure**

PEP is indicated in response to percutaneous or mucocutaneous exposure with blood or visibly bloody fluid or other potentially infectious material. A specific list outlining indications for PEP can be found in an [Appendix](#) of *NYS HIV Prophylaxis Following Occupational Exposure Clinical Guidelines*. All cases of exposure should be reported to the facility's Occupational Health Office which would assist in evaluating the exposure.

**If an experienced HIV provider is not available for consultation, call the Clinical Education Initiative CEI PEP Line at 1-866-637-2342.**

### **HIV Testing of the Source Patient**

Known HIV Status: If the HIV status of the source patient is known, the information may be accessed from the medical record to assist in the decision-making process for initiation of PEP.

Unknown HIV Status: If the HIV status of the patient is not known, consent for voluntary HIV testing of the source patient should be sought as soon as possible after the exposure. In NYS, when the source patient has the capacity to consent to HIV testing, the individual should be informed that HIV testing will be performed unless he or she objects to being tested. Key points about HIV should be provided. If the patient objects to the test, HIV testing cannot be performed.

Patient Unable to Consent: Situations may occur where a source patient is unable to provide consent for HIV testing, for example, if he or she is unconscious, comatose or otherwise incapable of consent. The [Family Health Care Decisions Act \(FHCDA\)](#) stipulates who is able to consent for care. In these cases, clinicians should follow institutional policies related to the FHCDA for obtaining consent for the source patient's HIV test. If the source patient is deceased, anonymous testing should be done. When a patient expires, health care proxy and other surrogacy status ends with death.

No Surrogate is Immediately Available to Consent on the Patient's Behalf: In cases of occupational exposures which create a significant risk of contracting or transmitting HIV infection, an anonymous test may be ordered without consent of the source patient if all the following conditions are met:

- The source patient is comatose or is determined by his or her attending professional to lack mental capacity to consent; and
- The source patient is not expected to recover in time for the exposed person to receive appropriate medical treatment; and
- There is no person immediately available who has legal authority to consent in time for the exposed person to receive appropriate medical treatment; and
- The exposed person will benefit medically by knowing the source person's HIV test results.

Since treatment decisions for the exposed person need to be made expeditiously, with therapy ideally beginning within two hours post exposure, the decision to perform an anonymous test on the source patient may be made immediately if there is no surrogate present to provide consent.

### **Anonymous Testing of Source Patient**

Public health law now allows for anonymous testing to be ordered by health care providers in very specific situations involving occupational exposures. Laboratories are no longer required to have a patient name in order to run an HIV test in these circumstances. A clinician may only order an anonymous test in the specific instance of an occupational exposure involving a source patient who is deceased, comatose or otherwise unable to consent, and there is no surrogate immediately available. The medical benefit of knowing the source person's test result must be documented in the exposed person's medical record. The result may not be placed in the source patient record.

**KEY POINT: The result of the source patient's HIV test is provided to the health care provider caring for the exposed worker for purposes of making decisions regarding post-exposure prophylaxis. Patient written authorization for release is not required.**

### **General Medical Consent and Consent for Source Patient Testing in Occupational exposure**

Health care facilities may add language to their general medical consent which can facilitate effective and expedited response in instances of occupational exposure. Below is an example of language that may be added to the general medical consent:

"If a healthcare worker involved in my care and treatment becomes exposed to certain bodily fluids resulting in the possibility of transmission of a blood borne disease, my blood will be tested for HIV, Hepatitis B and Hepatitis C to determine risk of exposure."

### **HIV Testing for the Exposed Health Care Worker**

HIV testing should be offered to the exposed health care worker in accordance with NYS public health law governing HIV testing. The key points of information should be provided to the health care worker, including the following important points about baseline testing: 1) a negative baseline test documents that the worker was HIV negative at the time of the exposure; 2) a positive baseline test indicates that the health care worker had previous HIV infection and should start an effective HIV treatment regimen rather than the standard PEP regimen. Laboratory-based fourth-generation antigen/antibody combination HIV tests (rather than point-of-care HIV tests) should be obtained at baseline, week 4, and week 12 post-exposure. HIV testing at 6 months post-exposure is no longer recommended.

### **Documentation Requirements**

#### For the Source Patient

When an HIV test is requested of the source patient or his or her surrogate, the following items should be documented:

- The offer of an HIV test;
- If the patient or surrogate objects to the HIV test;
- For patients with newly diagnosed HIV infection, the name of the provider/facility with whom the follow-up appointment was made.

If an anonymous test is conducted in cases where the patient is not able to consent and a surrogate is not immediately available, the law does not preclude the source patient from being informed that a test was conducted. However, you cannot inform the source patient of the test result or place it in his or her medical record.

#### For the Exposed Individual

The medical benefits of knowing the source patient's test result must be documented in the exposed person's medical record. Additional information shall be documented in accordance with standard practices and requirements.

## **FREQUENTLY ASKED QUESTIONS**

***FAQ 1: If the source patient declines testing in a case of occupational exposure, may we test him or her anonymously?***

No. If the source patient declines testing, no HIV test may be conducted.

***FAQ 2: If a source patient is tested anonymously for an occupational exposure, can we inform the patient when he or she has regained consciousness that testing was conducted?***

Yes. The law does not preclude the source patient from being informed that a test was conducted. However, you cannot inform the patient of the result or place it in the individual's medical record. A confidential test could be ordered with the patient's consent at that point so the individual would have the benefit of knowing the result of the HIV test.

***FAQ 3: How does this standard address HIV testing for a deceased source patient when the next of kin or other person representing the estate is available?***

In a situation in which a source patient is deceased, anonymous testing should be done. When a patient expires, health care proxy and other surrogacy status ends with death. In these cases, it is important to note that the result of the anonymous test is only provided to the health care provider of the exposed person and would not be provided to the next of kin or person representing the estate.

## **Important Resources**

**Occupational Exposure Resources For Emergency Responders:** A host of resources related to emergency responders and occupational exposure to blood borne pathogens can be found on the [DOH website](#). For more information, contact Lyn Stevens, MS, NP, ACRN, Office of the Medical Director, AIDS Institute at 518-473-8815 or [lyn.stevens@health.ny.gov](mailto:lyn.stevens@health.ny.gov)

**Post-Exposure Prophylaxis Quick Reference Guide for EMS Providers:** This small, quick reference card attaches to a name tag to provide easy access to information about PEP, including phone numbers to call for assistance. Copies may be ordered free of charge by sending an email to [AIPubs@health.ny.gov](mailto:AIPubs@health.ny.gov) requesting DOH material AA-11.

**Clinical Education:** The [HIV Clinical Education Initiative](#) provides comprehensive training resources on HIV care and treatment including on-line training on post-exposure prophylaxis related to occupational exposure, non-occupational exposure, and sexual assault. Visit [www.ceitraining.org](http://www.ceitraining.org).

**HIV Guidelines:** The New York State Department of Health [HIV Clinical Guidelines Program](#) oversees the development, dissemination and implementation of state of the art clinical guidelines on a wide range of topics including post-exposure prophylaxis related to occupational exposure, non-occupational exposure, and sexual assault. Visit [www.hivguidelines.org](http://www.hivguidelines.org).

## Information for Parents About HIV Testing and Treatment For Minors

Beginning in September of 2011, New York State Law requires health care providers to offer HIV testing to all patients aged 13 and older. To comply with the law, medical practices offer HIV testing to all minors. All patients, including minors, must be advised of HIV testing and informed of their right to decline the test. HIV testing includes providing information about HIV, such as how it is passed from person to person and how to avoid getting HIV. State regulations allow minors to consent to their own HIV treatment and preventive services. If a person is diagnosed as living with HIV, it is important that treatment be started as soon as possible. HIV treatment is effective, has few or no side effects and may involve taking just one pill once a day.

### Why offer HIV testing to teenagers?

Thousands of New Yorkers are unaware that they are living with HIV. Data from 2016, indicated that 3.7% of newly diagnosed cases of HIV were among young people age 13 to 19 and almost 18% of new cases were among young people under the age of 24. The only way to know if a person is living with HIV is to be tested.

### The American Academy of Pediatrics recommends routine HIV testing for adolescents.

#### Key Facts About Adolescence:

- Adolescence is a time of self exploration and experimentation.
- Adolescents face many pressures around sexual behaviors and substance use and may not always be able to talk with their parents about all of their behaviors.
- Adolescents continue to need guidance from their parents.
- It is important for adolescents to have a trusted health care provider to address their questions and concerns about their changing bodies and health.

Medical appointments with children age 13 and older routinely include time for the provider to meet with your son or daughter individually. This is important to establish an effective provider-patient relationship and it helps your son or daughter learn how to take responsibility for his/ her own health.

### Common Questions Parents Have About HIV Testing

**As a parent, don't I have to consent to my minor child's HIV test if he or she is under 18?** New York State Law allows for individuals to consent to an HIV test regardless of age, meaning that minor children can generally consent to their own HIV test. If a health care provider has specific concerns about your son or daughter's ability to understand the nature and consequences of the HIV test, the provider will talk with you about HIV testing.

Will I be told the HIV test result?	Will I be able to find out what was discussed?	Will my insurance be billed for the HIV test?
HIV test results are considered confidential health information. If your child is diagnosed with HIV, it is important to begin treatment as soon as possible. Minors have the capacity to consent to their own HIV medical care or prevention services. Some minors are concerned about how their parents might react to learning they have HIV. Health care providers will discuss the benefits of parental involvement in HIV treatment decisions for minors and will respect the minor's choice regarding parental involvement.	It is important to respect the relationship between your minor child and the health care provider. Information that your minor child shares with the provider is considered confidential. However, the appointment can also include time for you to bring up any concerns or questions with the provider and your minor child.	Yes. If your insurance covers the HIV test the office will submit a bill for payment. Parents are responsible for any required co-pays. If you are concerned about payment, the office can provide you or your minor child with information about how to access free HIV testing.

# Authorization for the Release of Health Information and Confidential HIV-Related Information: DOH-2557 (2/11)

## GENERAL QUESTIONS

### Why was the release form revised?

This revised form has been streamlined. It may be used for disclosures to single parties as well as to multiple parties. It may be used to allow multiple parties to exchange information between and among themselves or to disclose information to each listed party separately. Form #DOH-2557 (2/11) replaces all previous versions of release forms. This and other forms can be downloaded from the DOH web site: [health.ny.gov/diseases/aids/forms/](http://health.ny.gov/diseases/aids/forms/).

### Can providers continue to use old release forms?

Release forms completed before June 2011 may be used until the specified end date. All new authorizations must be made using Form #DOH-2557 (2/11).

### How and when should this form be used?

Form #DOH-2557 permits individuals to use a single form for the release of general health and/or HIV-related information to single or multiple providers. Providers do not need an HIV release to receive information, only to disclose it.

### Should clients have to sign more than one release form if they are seeing more than one provider?

Yes, in some situations. It may not always be possible or practical to list all providers on a single form. As additional providers become involved in a client's care over time, new forms will be needed to include them. Some providers may only have limited participation in a client's care and may not need to case conference with others, so a release form could be completed solely for their involvement.

### Can photocopies/faxes of release forms be accepted?

Yes, unless there is some reason to suspect that the copy or fax of a release is false or inaccurate, a provider, acting in good faith, may release HIV information based upon a photocopy or a fax of an executed release.

### How should this form be printed?

It is suggested that when possible the form should be printed "2-sided" (i.e. front & back). If extra pages (3, 4, 5) are used to include additional providers, they should also be printed "2-sided" and stapled together to prevent separation.

### How does one ensure the client understands the form?

If a provider suspects a client has a low literacy level and/or does not understand the language used on the form, it should be reviewed with the client and/or translated. Providers should explain the purpose of the form and ask if the client has any questions. Additionally, a Spanish version of this form is available at: [www.health.state.ny.us/diseases/aids/forms/](http://www.health.state.ny.us/diseases/aids/forms/).

### Can information released using this form be re-disclosed?

No. State law prohibits re-disclosure without specific written consent. Unauthorized re-disclosure may result in a fine, jail sentence or both. HIV-related information provided pursuant to a release must be accompanied by the appropriate re-disclosure language from Public Health Law Article 27-F-§2782 6.(a) citing limitations and penalties. The recipient of HIV-related information becomes bound by and is required to comply with confidentiality requirements of Article 27-F in handling or re-disclosing that information to anyone else.

Sample re-disclosure language could include:

*"This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient for further disclosure."*

## COMPLETING THE FORM - Page 1:

Allows the client to specify the following:

### *I consent to disclosure of:*

- a. My HIV-related information,*
- b. My non-HIV medical information*
- c. Both (non-HIV medical and HIV-related medical information)*

There may be circumstances in which an individual or provider only wants to release non-HIV medical information (choice “b” above). Rather than using this HIV-specific form, another approved HIPAA-compliant general medical release form may be used.

### **Name and address of facility/person disclosing HIV-related information:**

This refers to the facility/person that is going to be releasing information about the client, which is likely to be the facility/person completing the form. It is best practice to name a specific individual or position within the facility.

### **Name of person whose information will be released:**

This is usually the client, but may be a collateral (partner or other family member) or child, depending on the circumstances.

### **Name and address of person signing this form, if other than above; Relationship to person whose information will be released:**

When a client is unable to complete the form, this section should include a legal guardian, parent, health care proxy or other caregiver designated to provide consent on the client's behalf in accordance with State Law.

### **Describe information to be released:**

The description should be as specific as possible. For example, case managers may wish to release assessments, treatment plans, progress notes and other related information.

### **Reason for release of information:**

The reason should be as specific as possible. For example, case managers may need to release information for coordination of case management services.

### **Time period during which release of information is authorized:**

Time frames should be specific and limited, and must be included for the form to be considered complete and valid. Best practice is to use a one-year expiration from the date the form is created and signed by the client (e.g. 10/15/10 – 10/15/11), but could also include a specified period or condition for non-repeating tasks or time-limited situations (e.g. “Until my son/daughter reaches the age of...” or “Until housing benefits are attained”).

### **Exceptions to the right to revoke consent, if any:**

This explains a client's right to revoke authorization. If no other exceptions to the right to revoke consent exist, “None” or “No Exceptions” could be written here.

### **Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits (Note: Federal privacy regulations may restrict some consequences):**

This section is intended to provide notice to the individual that refusal to sign the authorization may have an impact upon the provision of care. This is important when failure to release information limits access to services, payment, eligibility for housing or other entitlements, enrollment in clinical trials or research protocols, etc.

Examples of responses could include: “No consequences,” “Not applicable,” “Information is required to access housing benefits,” “Information is required for the coordination of care and services,” or “Information is required to participate in clinical trials and access free medications.”

### **Please sign below only if you wish to authorize all facilities/persons listed on pages 1,2 (and 3 if used) of this form to share information among and between themselves for the purpose of providing health care and services:**

If communication among providers is intended, the client must sign and date this section. This allows for case conferencing between multiple providers.



**COMPLETING THE FORM – Page 2 (3, 4, 5):**

Allows the client to specify the individual(s) or organization(s) to whom the information is being released.

**Name and address of facility/person to be given general health and/or HIV-related information:**

The form can be used to list as many providers as the client wishes, attaching additional pages (3, 4, 5) as necessary. Best practice is to name a specific individual or position within the facility, rather than granting the entire facility full access to a client's personal information. Unused sections should be 'X'ed out.

Additional providers should never be included after the release form has been signed and dated by the client. New forms should be created and reviewed with the client when additional providers are identified.

**Reason for release, if other than stated on Page 1:**

This section should only be completed if different from the reason stated on Page 1.

**If information to be disclosed to this facility/person is limited, please specify:**

This may only pertain in instances regarding time frames, such as a single event with no future communication planned.

**Signature and Date:**

This form is incomplete until the client has signed and dated it here, authorizing that he or she has reviewed and understood the form. If additional pages (3, 4, 5) are used, the client must sign and date the bottom of each page. The date should be consistent on all pages. Once it has been signed and dated, the form should not be changed in any way.

**Client/Patient Number:**

This field may be used for reference, to attach an ID number used in a particular setting.

## Authorization for Release of Health Information and Confidential HIV-Related Information\*

This form authorizes release of health information including HIV-related information. You may choose to release only your non-HIV health information, only your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood; or by special court order. Under New York State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to \$5,000 and a jail term of up to one year. However, some re-disclosures of health and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for more information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019. You may also contact the NYS Division of Human Rights at 1-888-392-3644.

By checking the boxes below and signing this form, health information and/or HIV-related information can be given to the people listed on page two (and on additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your health information must provide you with a copy of this form.

I consent to disclosure of (please check all that apply): ☐ My HIV-related information  
☐ My non-HIV health information  
☐ Both (non-HIV health and HIV-related information)

Name and address of facility/person disclosing HIV-related information:

\_\_\_\_\_  
\_\_\_\_\_

Name of person whose information will be released: \_\_\_\_\_

Name and address of person signing this form (if other than above):

\_\_\_\_\_  
\_\_\_\_\_

Relationship to person whose information will be released: \_\_\_\_\_

Describe information to be released: \_\_\_\_\_

Reason for release of information: \_\_\_\_\_

Time Period During Which Release of Information is Authorized: From: \_\_\_\_\_ To: \_\_\_\_\_

Exceptions to the right to revoke consent, if any:

\_\_\_\_\_  
\_\_\_\_\_

Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits  
(Note: Federal privacy regulations may restrict some consequences):

\_\_\_\_\_  
\_\_\_\_\_

Please sign below **only** if you wish to authorize all facilities/persons listed on pages 1,2 (and 3 if used) of this form to share information among and between themselves for the purpose of providing health care and services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

**Authorization for Release of Health Information  
and Confidential HIV-Related Information\***

**Complete information for each facility/person to be given general information and/or HIV-related information.  
Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.**

Name and address of facility/person to be given general health and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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Name and address of facility/person to be given general health and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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The law protects you from HIV-related discrimination in housing, employment, health care and other services. For more information, call the New York City Commission on Human Rights at (212) 306-7500 or the NYS Division of Human Rights at 1-888-392-3644.

My questions about this form have been answered. I know that I do not have to allow release of my health and/or HIV-related information, and that I can change my mind at any time and revoke my authorization by writing the facility/person obtaining this release. I authorize the facility/person noted on page one to release health and/or HIV-related information of the person named on page one to the organizations/persons listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(SUBJECT OF INFORMATION OR LEGALLY AUTHORIZED REPRESENTATIVE)

If legal representative, indicate relationship to subject:

Print Name \_\_\_\_\_

Client/Patient Number \_\_\_\_\_

**\* This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

**Authorization for Release of Health Information  
and Confidential HIV-Related Information\***

**Complete information for each facility/person to be given general information and/or HIV-related information.  
Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.**

Name and address of facility/person to be given general health and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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Name and address of facility/person to be given general health and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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Name and address of facility/person to be given general health and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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If any/all of this page is completed, please sign below:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(SUBJECT OF INFORMATION OR LEGALLY AUTHORIZED REPRESENTATIVE)

Client/Patient Number \_\_\_\_\_

**\* This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

## Autorización para divulgación de Información sobre salud e información confidencial relacionada con el VIH

Este formulario autoriza la divulgación de información sobre salud incluyendo la información relacionada con el VIH. Usted puede elegir divulgar solo la información sobre su salud no relacionada con el VIH, solo la información sobre su salud relacionada con el VIH, o ambas. Su información puede estar protegida contra la divulgación por la legislación federal y estatal sobre privacidad. La información confidencial relacionada con el VIH es toda información que indica que una persona se ha realizado una prueba relacionada con el VIH, o está infectada con VIH, padece una enfermedad relacionada con el VIH o cualquier otra información que pueda indicar que una persona ha estado potencialmente expuesta al VIH.

Conforme a lo dispuesto por la legislación del estado de Nueva York, la información relacionada con el VIH solo puede entregarse a las personas que usted haya autorizado mediante un permiso escrito de divulgación. Esta información también puede ser divulgada a los siguientes prestadores de salud que le brindan cuidados a usted o a su hijo expuesto: funcionarios de salud cuando la ley así lo requiera; aseguradores, para autorizar un pago; personas involucradas en cuidados de crianza o adopción; personal oficial correccional, de libertad condicional y bajo palabra; personal de emergencia o de atención de la salud accidentalmente expuestos a su sangre, o por orden judicial especial. En virtud de la ley del estado de Nueva York, a las personas que divulguen ilegalmente información relacionada con el VIH se les puede aplicar una multa de hasta \$5000 y hasta un año de cárcel. Sin embargo, algunas divulgaciones posteriores de información relacionada con la salud o el VIH no están protegidas por la legislación federal. Para obtener más información sobre la confidencialidad del VIH, llame a la línea gratuita de confidencialidad sobre VIH del Departamento de Salud del estado de Nueva York al 1-800-962-5065; para obtener más información sobre protección federal de la privacidad, llame a la Oficina de derechos civiles al 1-800-368-1019. También puede comunicarse con la División de Derechos Humanos del estado de Nueva York al 1-888-392-3644.

Las marcas en las siguientes casillas y su firma en este formulario autorizan la entrega de información sobre salud o relacionada con el VIH a las personas que aparecen en la página dos (y en hojas adicionales en caso de ser necesario) del formulario, por el(los) motivo(s) indicado(s). Usted puede solicitar a la institución o persona que divulga la información sobre su salud que le entregue una copia de este formulario.

Autorizo la divulgación de (marque lo que corresponda):

- ☐ Mi información relacionada con el VIH
- ☐ Mi información de salud no relacionada con el VIH
- ☐ Ambas (información de salud no relacionada con VIH e información relacionada con VIH)

Nombre y domicilio de la institución/persona que divulga la información relacionada con el VIH:

\_\_\_\_\_  
\_\_\_\_\_

Nombre de la persona cuya información será divulgada: \_\_\_\_\_

Nombre y domicilio de la persona que firma este formulario (si difiere de las anteriores):

\_\_\_\_\_  
\_\_\_\_\_

Relación con la persona cuya información será divulgada: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describir la información que se va a divulgar: \_\_\_\_\_

Motivo de divulgación de la información: \_\_\_\_\_

Período durante el cual se autoriza la divulgación de la información: Desde: \_\_\_\_\_ Hasta: \_\_\_\_\_

Excepciones al derecho de revocar el consentimiento, si existe alguna:

\_\_\_\_\_  
\_\_\_\_\_

Descripción de las consecuencias, en caso de existir, sobre el tratamiento, pago, registro o elegibilidad para obtener beneficios, si no se autoriza la divulgación  
(Nota: los reglamentos federales de privacidad pueden restringir algunas consecuencias):

\_\_\_\_\_  
\_\_\_\_\_

Firme abajo **solo** si desea autorizar a todas las instituciones/personas indicadas en las páginas 1, 2 (y 3, si se utilizó) de este formulario a compartir información entre sí con el fin de proveer atención y servicios de salud.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**\* Esta autorización para divulgación de Información sobre salud e información confidencial relacionada con el VIH cumple con la HIPAA. Si solo se divulga información de salud no relacionada con el VIH, puede utilizar este formulario u otro formulario de divulgación de salud general que cumpla con lo dispuesto por la HIPAA.**

**Autorización para divulgación de Información sobre salud  
e información confidencial relacionada con el VIH\***

**Completar la información de cada institución/persona a la que se entregará información general o información relacionada con el VIH.  
Agregar más hojas según sea necesario. Se recomienda tachar las líneas en blanco antes de firmar.**

Nombre y domicilio de la institución/persona a la que se dará la información general sobre salud o relacionada con el VIH:

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Motivo de la divulgación, si es distinto del motivo indicado en la página 1:

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Si la información que se va a divulgar a esta institución/persona es limitada, indíquelo:

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Nombre y domicilio de la institución/persona a la que se dará la información general sobre salud o relacionada con el VIH:

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Motivo de la divulgación, si es distinto del motivo indicado en la página 1:

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Si la información que se va a divulgar a esta institución/persona es limitada, indíquelo:

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La ley lo protege de la discriminación relacionada con el VIH con respecto a vivienda, empleo, atención de la salud y otros servicios. Para obtener más información, llame a la Comisión de Derechos Humanos de la Ciudad de Nueva York al (212) 306-7500 o a la División de Derechos Humanos del estado de Nueva York al 1-888-392-3644.

Se han respondido mis preguntas sobre este formulario. Sé que no debo permitir que se divulgue la información sobre mi salud o la información relacionada con el VIH, y que puedo cambiar de opinión en cualquier momento y revocar la autorización notificando por escrito a la institución/persona a la que se dio el permiso de divulgación. Autorizo a la institución/persona indicada en la página uno a divulgar información relacionada con la salud o el VIH de la persona nombrada en la página uno a las organizaciones/personas indicadas.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_  
(SUJETO DEL QUE SE INFORMA O REPRESENTANTE LEGALMENTE AUTORIZADO)

Si se trata del representante legal, indique relación con el sujeto:

Nombre en letra de molde \_\_\_\_\_

Número de cliente/paciente \_\_\_\_\_

**\* Esta autorización para divulgación de Información sobre salud e información confidencial relacionada con el VIH cumple con la HIPAA. Si solo se divulga información de salud no relacionada con el VIH, puede utilizar este formulario u otro formulario de divulgación de salud general que cumpla con lo dispuesto por la HIPAA.**

**Autorización para divulgación de Información sobre salud  
e información confidencial relacionada con el VIH\***

**Completar la información de cada institución/persona a la que se entregará información general o información relacionada con el VIH.  
Agregar más hojas según sea necesario. Se recomienda tachar las líneas en blanco antes de firmar.**

Nombre y domicilio de la institución/persona a la que se dará la información general sobre salud o relacionada con el VIH:

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---

Motivo de la divulgación, si es distinto del motivo indicado en la página 1:

---

---

Si la información a divulgar a esta institución/persona es limitada, indíquelo:

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Nombre y domicilio de la institución/persona a la que se dará la información general sobre salud o relacionada con el VIH:

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---

Motivo de la divulgación, si es distinto del motivo indicado en la página 1:

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---

Si la información a divulgar a esta institución/persona es limitada, indíquelo:

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Nombre y domicilio de la institución/persona a la que se dará la información general sobre salud o relacionada con el VIH:

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---

Motivo de la divulgación, si es distinto del motivo indicado en la página 1:

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Si la información a divulgar a esta institución/persona es limitada, indíquelo:

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Si toda o parte de esta página está completa, firme abajo:

Firma \_\_\_\_\_ Fecha \_\_\_\_\_  
(SUJETO DEL QUE SE INFORMA O REPRESENTANTE LEGALMENTE AUTORIZADO)

Número de cliente/paciente \_\_\_\_\_

**\* Esta autorización para divulgación de Información sobre salud e información confidencial relacionada con el VIH cumple con la HIPAA. Si solo se divulga información de salud no relacionada con el VIH, puede utilizar este formulario u otro formulario de divulgación de salud general que cumpla con lo dispuesto por la HIPAA.**





**Department  
of Health**

**AIDS  
Institute**

**Technical Assistance Bulletin:**

**Authorization for Release of Health Information  
(Including Alcohol/Drug Treatment and Mental Health Information) and  
Confidential HIV/AIDS-related Information  
(DOH-5032)**

**General Questions**

Why was a “combined” release form created?

The “Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information” (DOH-5032) was created to facilitate sharing of substance use, mental health and HIV/AIDS information. This form is somewhat like the “Authorization for Release of Medical Information and Confidential HIV Related Information” (DOH-2557), but would fulfill a need to share information within facilities in which different teams handle substance use, mental health and HIV/AIDS-related issues. In addition, the DOH-5032 form would fulfill a need to share information between facilities and providers that care for the same patient. Like the DOH-2557 form, the DOH-5032 form is intended to encourage multiple providers to discuss a single individual’s care among and between themselves to facilitate coordinated and comprehensive treatment.

Does the new form replace other release forms?

No. Although the new form may be used in place of DOH-2557, it is not intended to replace any forms currently available.

How does the provider ensure that the patient understands the form?

If a provider suspects that a patient has a low literacy level and/or does not understand the language used on the form, it should be reviewed with the patient and/or translated. Providers should explain the purpose of the form and ask if the patient has any questions. Additionally, a Spanish version of this form is available (DOH-5032es).

Can information released using this form be re-disclosed?

When records are disclosed, the person or entity receiving the information cannot re-disclose it unless permitted under the law that applies to those records. In some cases, a specific re-disclosure prohibition notice must be included whenever records are disclosed.

For alcohol and substance abuse re-disclosure, as per 42 CFR Section 2.32, each disclosure made with the patient’s written consent must be accompanied by the following written

statement: *This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

For confidential HIV-related information re-disclosure, as per Public Health Law Section 2782(5), each disclosure made pursuant to a release of confidential HIV-related information must be accompanied by the following written statement: *This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.*

### **Completing the Form**

#### **Patient Name, Date of Birth, Patient Identification Number and Patient Address:**

This refers to the patient's name, date of birth and current place of residence. The patient identification number is used for reference by the provider or facility.

#### **#5. Name and Address of Provider or Entity to Release this Information:**

This refers to the provider or entity that will release the information regarding the patient, which is likely to be the provider completing the form. It is best practice to name a specific individual and their facility address.

#### **#6. Name and Address of Person(s) to Whom this Information Will Be Disclosed:**

This refers to the name of the provider(s) who the patient or authorized representative wishes to receive the information. It is best practice to name specific individual(s) rather than granting access to the entire facility. If there are multiple names and addresses, a sheet may be attached with the names and addresses of those providers. Additional individuals should never be included after the release form has been signed and dated by the patient or authorized representative. As additional providers are identified, additional forms should be completed and signed by the patient or authorized representative.

#### **#7. Purpose for Release of Information:**

The purpose for the release of information should be as specific as possible. For example, case managers may wish to release information for coordination of case management services.

#### **#8. Unless previously revoked by me, the specific information below may be disclosed from (insert start date) until (insert expiration date or event):**

This refers to the time period during which the release of information is authorized. Time frames should be specific to the month, day and year, and must be included for the form to be considered complete and valid. Best practice is to use a one-year expiration from the date the form is created and signed by the patient or authorized representative (e.g., 10/15/11 until

10/15/12), but could also include a specified event for its expiration (e.g., “until my son/daughter reaches the age of...” or “until housing benefits are attained”).

If there are exceptions to releasing “all health information (written and oral)”, the first box under #8 should be checked and the exceptions should be specified. If there are no exceptions, this box should be checked and “not applicable” or “none” should be written.

For the following to be included, indicate the specific information to be disclosed and initial below:

The authorization may include disclosure of information relating to alcohol and drug treatment, mental health treatment and confidential HIV/AIDS-related information only if the patient or authorized representative specifies the information to be disclosed and places their initials on the appropriate line for “records from alcohol/drug treatment programs”, “clinical records from mental health programs” and/or “HIV/AIDS-related information”. Information from mental health clinical records may be released pursuant to the authorization to the person(s) identified on the form who have a demonstrable need for the information, provided that the disclosure will not reasonably be expected to be detrimental to the patient or another person.

#9. If not the patient, name of person signing form:

This refers to the name of the patient’s authorized representative, which must be specified if the form is not signed by the patient.

#10. Authority to sign on behalf of patient:

This refers to the patient representative’s authority to sign the form (e.g., legal guardian, parent, health care agent under a health care proxy for a patient who lacks decision-making capacity or caregiver designated to provide consent on the patient’s behalf in accordance with New York State law).

Signature of Patient or Representative Authorized by Law and Date:

This form is incomplete until the patient or the patient’s representative authorized by law has signed and dated the form, authorizing that he or she has reviewed the form and understands it. Once the form has been signed and dated, the form must not be changed in any way.

Witness Statement/Signature:

This form is also incomplete until the provider or other staff person from the facility has signed and dated the form, acknowledging that he or she has witnessed the execution of the authorization and states that a copy of the signed authorization was provided to the patient and/or the patient’s authorized representative.

## NEW YORK STATE DEPARTMENT OF HEALTH

Patient Name	Date of Birth	Patient Identification Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG TREATMENT, MENTAL HEALTH TREATMENT, and CONFIDENTIAL HIV/AIDS-RELATED INFORMATION only if I place my initials on the appropriate line in item 8. In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 8, I specifically authorize release of such information to the person(s) indicated in Item 6.
2. With some exceptions, health information once disclosed may be re-disclosed by the recipient. If I am authorizing the release of HIV/AIDS-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from re-disclosing such information or using the disclosed information for any other purpose without my authorization unless permitted to do so under federal or state law. If I experience discrimination because of the release or disclosure of HIV/AIDS-related information, I may contact the New York State Division of Human Rights at 1-888-392-3644. This agency is responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the provider listed below in Item 5. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. Signing this authorization is voluntary. I understand that generally my treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditional upon my authorization of this disclosure. However, I do understand that I may be denied treatment in some circumstances if I do not sign this consent.

5. Name and Address of Provider or Entity to Release this Information:	
6. Name and Address of Person(s) to Whom this Information Will Be Disclosed:	
7. Purpose for Release of Information:	
8. Unless previously revoked by me, the specific information below may be disclosed from: _____ until _____ <small>INSERT START DATE</small> <small>INSERT EXPIRATION DATE OR EVENT</small>	
<input type="checkbox"/> All health information (written and oral), except: _____	
<b>For the following to be included, indicate the specific information to be disclosed and initial below.</b>	
<input type="checkbox"/> Records from alcohol/drug treatment programs	
<input type="checkbox"/> Clinical records from mental health programs*	
<input type="checkbox"/> HIV/AIDS-related Information	
9. If not the patient, name of person signing form:	10. Authority to sign on behalf of patient:

All items on this form have been completed, my questions about this form have been answered and I have been provided a copy of the form.

\_\_\_\_\_  
 SIGNATURE OF PATIENT OR REPRESENTATIVE AUTHORIZED BY LAW

\_\_\_\_\_  
 DATE

**Witness Statement/Signature:** I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the patient and/or the patient's authorized representative.

\_\_\_\_\_  
 STAFF PERSON'S NAME AND TITLE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

This form may be used in place of DOH-2557 and has been approved by the NYS Office of Mental Health and NYS Office of Alcoholism and Substance Abuse Services to permit release of health information. However, this form does not require health care providers to release health information. Alcohol/drug treatment-related information or confidential HIV-related information released through this form must be accompanied by the required statements regarding prohibition of re-disclosure.

\* Note: Information from mental health clinical records may be released pursuant to this authorization to the parties identified herein who have a demonstrable need for the information, provided that the disclosure will not reasonably be expected to be detrimental to the patient or another person.

**Autorización para divulgar Información sobre salud (incluida información sobre tratamientos por alcoholismo/ drogas y relacionados con la salud mental) e información confidencial relacionada con VIH/SIDA**

Nombre del paciente	Fecha de nacimiento	Número de identificación del paciente
Dirección del paciente		

- Solicito, o mi representante autorizado solicita, que se divulgue la información de salud sobre mi atención y tratamiento tal como se establece en este formulario. Entiendo que:
- Esta autorización puede incluir la divulgación de información relacionada con TRATAMIENTOS POR ALCOHOLISMO y DROGAS, TRATAMIENTO DE SALUD MENTAL e INFORMACIÓN CONFIDENCIAL RELACIONADA CON EL VIH/SIDA solo si pongo mis iniciales en la línea correspondiente en el punto 8. En caso de que la información sobre salud descrita a continuación incluya cualquiera de estos tipos de información, y yo coloque mis iniciales en la línea en la casilla en el punto 8, autorizo específicamente la divulgación de esa información a la(s) persona(s) indicadas en el punto 6.
  - Con algunas excepciones, la información sobre salud divulgada puede volver a ser divulgada por el receptor. Si autorizo la divulgación de información relacionada con el VIH/SIDA, tratamiento de alcoholismo o drogas o tratamiento de salud mental, el receptor tiene prohibido volver a divulgar esa información o utilizar la información divulgada para cualquier otro fin sin mi autorización, a menos que así lo permitan las leyes federales o del estado. Si fuera discriminado por la divulgación o difusión de información relacionada con el VIH/SIDA, puedo comunicarme con la División de Derechos Humanos del estado de Nueva York al 1-888-392-3644. Esta agencia es responsable de proteger mis derechos.
  - Tengo derecho a revocar esta autorización en cualquier momento enviando una notificación escrita a los proveedores que aparecen en el punto 5. Comprendo que puedo revocar la presente autorización, excepto cuando ya se haya tomado alguna medida basada en el presente consentimiento.
  - La firma de esta autorización es voluntaria. Entiendo que en términos generales mi tratamiento, pago, afiliación a un plan de salud o elegibilidad para obtener beneficios no estarán condicionados por mi consentimiento de esta divulgación. Sin embargo, entiendo que en algunas circunstancias se me puede negar el tratamiento si no firmo este consentimiento.

5. Nombre y dirección del proveedor o entidad a la que se divulgará esta información		
6. Nombre y domicilio de la(s) persona(s) a quienes se divulgará esta información:		
7. Motivo de la divulgación de información:		
8. Salvo previa revocación de mi parte, la siguiente información específica que aparece a continuación puede ser divulgada desde: hasta		
<div>INSERTAR FECHA DE INICIO</div> <div>INSERTAR FECHA DE EXPIRACIÓN O EVENTO</div>		
<input type="checkbox"/> Toda la información de salud (escrita u oral), excepto:		
Para que lo siguiente se divulgue, especifique lo que se divulgará e inicie.	Información que se va a divulgar	Iniciales
<input type="checkbox"/> Registros de programas de tratamiento por alcoholismo/drogas		
<input type="checkbox"/> Registros clínicos de programas de salud mental*		
<input type="checkbox"/> Información relacionada con VIH/SIDA		
9. En caso de no tratarse del paciente, nombre de la persona que firma el formulario:	10. Autorizado para firmar en nombre del paciente:	

Todos los puntos en este formulario han sido completados, mis preguntas acerca de este formulario han sido contestadas y se me ha entregado una copia del formulario.

FIRMA DEL PACIENTE O REPRESENTANTE LEGALMENTE AUTORIZADO	FECHA	
Declaración/Firma del testigo: He sido testigo de la ejecución de esta autorización y declaro que se ha entregado una copia de autorización firmada al paciente o al representante autorizado.		
NOMBRE Y PUESTO DEL INTEGRANTE DEL PERSONAL	FIRMA	FECHA

Este formulario puede utilizarse en lugar del DOH 2557 y ha sido aprobado por la Oficina de Salud Mental del NYS y la Oficina de Servicios para Alcoholismo y Abuso de Sustancias para autorizar la divulgación de información sobre salud. Sin embargo, este formulario no requiere que los proveedores de atención de la salud divulguen información sobre salud. La información relacionada con tratamientos de alcoholismo/drogas o la información confidencial relacionada con el VIH divulgada a través de este formulario debe estar acompañada de las declaraciones correspondientes referidas a la prohibición de una posterior divulgación.

\*Nota: La información de los registros clínicos de salud mental puede divulgarse conforme a lo indicado en esta autorización a las partes allí identificadas que tengan una necesidad demostrable de contar con esa información, siempre que se considere que esta divulgación no resultará perjudicial para el paciente u otra persona.

## Additional Resources: Internet Links

**New York State Department of Health Webpage on HIV Testing:** This webpage provides a “portal” to all AIDS Institute materials on HIV testing.

<http://www.health.ny.gov/diseases/aids/providers/testing/>

**Frequently Asked Questions Regarding New York State’s HIV Testing Law**

<http://www.health.ny.gov/diseases/aids/providers/testing/law/fags.htm>

**Listing of Designated AIDS Care Centers throughout New York State**

[http://www.health.ny.gov/diseases/aids/providers/testing/dac\\_clinic\\_contacts.htm](http://www.health.ny.gov/diseases/aids/providers/testing/dac_clinic_contacts.htm)

**AIDS Institute Voluntary HIV Provider Directory:** This directory provides contact information for HIV care providers licensed to practice medicine in New York State. Providers in this directory are categorized by geographic region, and organized by adult, pediatric and adolescent patient populations

<http://www.health.ny.gov/diseases/aids/general/resources/index.htm>

**AIDS Institute Resource Directory:** This directory provides a list of organizations funded by the New York State Department of Health AIDS Institute to provide HIV/AIDS services. This directory is arranged by region, with each organization listed under the region it serves and then by the type of service it provides.

<http://www.health.ny.gov/diseases/aids/general/resources/index.htm>

**HIV Clinical Guidelines**

<http://www.hivguidelines.org/>

**NYSDOH/ AIDS Institute’s Clinical Education Initiative CEI:** Offers clinically relevant education and training on current topics in HIV; provides clinical assistance through 24/7 Post Exposure Prophylaxis and CEI lines.

<http://www.ceitraining.org/>

**Non-Clinical Provider Education and Training:** Provides education and training on a variety of HIV related topic to a variety of community providers.

[www.hivtrainingny.org](http://www.hivtrainingny.org)