

County: **Albany**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 962-5065 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
AIDS Council of Northeastern New York - Albany 927 Broadway Albany NY 12207 (518) 434-4686 www.aidsCouncil.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
Albany County Department of Health 175 Green Street Albany NY 12202 (518) 447-4570 www.albanycounty.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Clients must live, work, or go to school in the county. Walk-in available on Tuesday and Thursday morning through STD clinic.
Albany Medical Center 47 New Scotland Ave., A-158 Albany NY 12208 (518) 262-6828 www.amc.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Accepts insurance for payment. Fee for testing is \$40.
Albany Medical Center - AIDS Treatment Center 66 Hackett Blvd., Box 13 Albany NY 12209 (518) 262-4439	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Albany Memorial Hospital 600 Northern Boulevard Albany NY 12204 (518) 271-3307 www.nehealth.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Physician prescription required. Operates multiple HIV C&T sites. Call for locations.
Capital District African American Coalition on AIDS 388 Clinton Avenue Albany NY 12206 (518) 427-2957 www.cdaaca.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Upper Hudson Planned Parenthood - Latham Rt. 155 West, Shaker Center Latham NY 12210 (518) 785-1146 www.uhpp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients and their partners. General public pays a \$50 charge for HIV C&T services.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Albany**

New York State Department of Health AIDS Institute
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Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Whitney M. Young, Jr Health Center - CHEER Program 920 Lark Drive Albany NY 12207 (518) 463-6824	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Offers comprehensive medical care and medical case management. Support groups available Monday through Thursday. Call for details. Mobile health unit travels throughout Capital District. Call to schedule. On site CTR available at community agencies per request.

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 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Allegany**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Allegany County Department of Health 7 Court Street, County Office Building Belmont NY 14813 (585) 268-9250 www.alleganyco.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Call for walk-in hours.
Jones Memorial Hospital 191 N. Main Street Wellsville NY 14895 (585) 593-1100	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Assistance to hearing & sight impaired clients also available.
Tri-County Family Medicine - Canaseraga 12 North Church Street Canaseraga NY 14822 (607) 545-8333	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Call 585-335-3416 for service site locations.

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Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Broome**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Broome County Health Department 225 Front Street Binghamton NY 13905 (607) 778-8885	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Anonymous testing by OraQuick.
Lourdes Center for Family Health 303 Main Street Binghamton NY 13905 (607) 798-8058 www.lourdes.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Lourdes Pediatrics Group 161 Riverside Drive Binghamton NY 13905 (607) 798-6176 www.lourdes.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves children only. Private practice. Post test counseling for newborns.
Planned Parenthood of South Central New York - Binghamton 117 Hawley Street Binghamton NY 13901 (607) 723-8306 www.ppscny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations.
Southern Tier AIDS Program 122 Baldwin Street Johnson City NY 13790 (607) 798-1706 www.stapinc.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
UHS Hospital - Binghamton Family Care Center 33 Mitchell Avenue Binghamton NY 13903 (607) 762-3281 www.uhs.net	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV C&T services are available primarily for inpatients and employees. Wheelchair accessible.

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Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Cattaraugus**

New York State Department of Health AIDS Institute
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Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Cattaraugus County Health Department 1 Leo Moss Drive Olean NY 14760 (716) 373-8050 www.cattco.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
Olean General Hospital 515 Main Street Olean NY 14760 (716) 375-7495 www.ogh.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:**

Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Chautauqua**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Chautauqua County Health Department 7 North Erie Street Mayville NY 14757 (716) 753-4312 www.co.chautauqua.ny.us	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Anonymous testing available through NYSDOH. Operates multiple HIV C&T sites. Call for locations.

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 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Chemung**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Chemung County Health Department 103 Washington Street Elmira NY 14901 (607) 737-2028	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	STD service available. No service fee. Serves individuals age 12 and above.
HIV Clinic at Arnot Ogden Medical Center 600 Roe Avenue Elmira NY 14905 (607) 737-8188 www.aomc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
Planned Parenthood of the Southern Tier - Elmira 755 East Church Street Elmira NY 14901 (607) 734-3313 www.plannedparenthood.org/ppst	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Wheelchair accessible. Walkin teen clinic open on Wednesday 12-6.

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Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Chenango**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
UHS Chenango Memorial Hospital 179 North Broad Street Norwich NY 13815 (607) 337-4217 www.uhs.net	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Please call for appointment.

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Clinton**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
AIDS Council of Northeastern New York - Plattsburg 202 Cornelia Street Plattsburgh NY 12901 (518) 474-3671 www.aidsCouncil.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Testing available 4 days/week at state correctional facilities for inmates. Community testing not provided.
Champlain Valley Physicians Hospital Health Center 206 Cornelia, Suite 201 Plattsburgh NY 12901 (518) 562-7700 www.cvph.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Clinton County Health Department 133 Margaret Street Plattsburgh NY 12901 (518) 565-4848 www.clintoncountygov.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves county residents only. Wheelchair accessible. \$35 charge for confidential testing; free for anonymous testing.
Northern Adirondack Planned Parenthood - Plattsburgh 66 Brinkerhoff Street Plattsburgh NY 12901 (518) 561-4430 www.napponline.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Columbia**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Columbia County Public Health Department 325 Columbia Street, 1/F. Hudson NY 12534 (518) 828-3358 www.govt.co.columbia.ny.us	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Tuesday 4:30PM to 5:30PM
Columbia Memorial Family Care - Hudson 71 Prospect Ave. Suite 210 Hudson NY 12534 (518) 828-3327 www.columbiamemorial.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients only.
Upper Hudson Planned Parenthood - Hudson 190 Fairview Avenue Hudson NY 12534 (518) 828-4675 www.uhpp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients. General public pays a \$50 charge for HIV C&T services.

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Cortland**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Family Health Network Central New York 17 Main Street Cortland NY 13045 (607) 753-3797	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
Jacobus Center for Reproductive Health 60 Central Avenue Cortland NY 13045 (607) 753-5027	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	No cost to family planning patients. Anonymous testing available twice a month by appointment.

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 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Delaware**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Colchester Health Center Main Street, P.O. Box 327 Downsville NY 13755 (607) 363-2517	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Free for PCAP clients \$39 for counseling alone or will be included in office visit
Delaware Valley Family Health Center 2 Titus Place Walton NY 13856 (607) 865-2400	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Free for PCAP clients \$39 for counseling alone or will be included in office visit
Hancock Health Center 36 East Front Street Hancock NY 13783 (607) 637-4715	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Free for PCAP clients; \$67 per visit for others. \$39 for counseling alone or will be included in office visit
Planned Parenthood of South Central New York - Sidney 37 Pleasant Avenue Sidney NY 13838 (607) 563-4363 www.ppscny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Reduced cost to family planning patients only. Operates multiple HIV C&T sites. Call for additional locations.
Planned Parenthood of South Central New York - Walton 130 North Street Walton NY 13856 (607) 865-6579 www.ppscny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations. Reduced cost to family planning patients only.
The Hospital - Sidney 43 Pearl Street West Sidney NY 13838 (607) 561-2022 www.thehospital.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Dutchess**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
AIDS-Related Community Services - Poughkeepsie 235 Main Street Poughkeepsie NY 12601 (845) 471-0707 www.arcs.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
Catharine Street Community Center 69 Catharine Street Poughkeepsie NY 12601 (845) 473-2272 www.catharinecenter.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Provides case management services. Referrals.
Dutchess County Department of Health 387 Main Street Poughkeepsie NY 12601 (845) 486-3498	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Oral fluid testing available - for off-site testing only.
Dutchess County DOH - Eastern Dutchess Maternity Clinic - PCAP PO Box 610, 126 County House Road Millbrook NY 12545 (845) 677-4000	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves pregnant women only. Limited hours on Thursdays only. Please call for hours.
Dutchess County Methadone Clinic 230 North Road Poughkeepsie NY 12601 (845) 486-2850	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Mid Hudson Family Health Institute - Hyde Park 11 Crum Elbow Road Hyde Park NY 12538 (845) 229-1020 www.fpinstitute.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Additional services - osteopathic manipulation; acupuncture; nutrition.
Planned Parenthood of Mid-Hudson Valley - Poughkeepsie 17 Nixon Street Poughkeepsie NY 12601 (845) 471-1540 www.ppmhv.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call 1-800-230-PLAN for the Planned Parenthood nearest you. Free services for family planning benefit program clients.
Rhinebeck Health Center 108 Montgomery Road Rhinebeck NY 12572 (845) 876-7082	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Erie**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 962-5064 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
City of Buffalo - Div. of Substance Abuse Services 65 Niagara Square, 21st Floor Rm. 2101 Buffalo NY 14202 (716) 851-4280	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Erie CHD STD 95 Franklin Street RM 262 Buffalo NY 14202 (716) 847-4511	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Erie County Department of Health 95 Franklin St., Rm. 262 Buffalo NY 14202 (716) 858-7687 www.erie.gov	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Anonymous testing available through NYSDOH. Operates multiple HIV C&T sites. Call for locations.
Erie County Department of Health - Women's Health Services 608 William Street Buffalo NY 14206 (716) 858-8422 www.erie.gov	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Family planning clinic - test partners of clients
Erie County Medical Center - Immunodeficiency Services 462 Grider Street Buffalo NY 14215 (716) 898-4119 www.aidscentercmc.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Kaleida Health Family Planning 1001 Humboldt Parkway Buffalo NY 14208 (716) 887-8272 www.kaleidahealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Services limited to women and men during their childbearing years.
Ken-Ton Family Health Center/Kenmore Mercy Hospital 300 2 Mile Creek Road Tonawanda NY 14150 (716) 447-6450	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients only. Operates satellite service site. Call for location.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Erie**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Lakeshore Behavior Services 951 Niagara Street Buffalo NY 14213 (716) 847-4511	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients only. At present site operates bi-weekly.
Lovejoy - St. Vincent Health Center 1595 Bailey Avenue Buffalo NY 14212 (716) 893-8550 www.chsbuffalo.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	
Northwest Buffalo Community Health Care Center 155 Lawn Avenue Buffalo NY 14207 (716) 875-2904	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients only. Wheelchair accessible.
Planned Parenthood of Buffalo & Erie County - Buffalo 2697 Main Street Buffalo NY 14214 (716) 831-2200 www.ppbec.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	
Planned Parenthood of Buffalo & Erie County - West Seneca 240 Center Road West Seneca NY 14224 (716) 831-2200 www.ppbec.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	
Sisters Hospital Family Care Center 2157 Main Street Buffalo NY 14214 (716) 862-1485 www.chsbuffalo.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	
VA Western NY Health Care System in Buffalo 3495 Bailey Avenue Buffalo NY 14215 (716) 834-9200 www.va.gov/visns/visn02/buffalo.html	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves US military veterans only.
Women and Children's Hospital of Buffalo 219 Bryant Street Buffalo NY 14222 (716) 878-7328 www.wchob.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves prenatal clients and partners. Serves women of childbearing age. Serves pediatric and adolescent clients.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Erie**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Women and Children's Hospital of Buffalo - Women's Health Center 219 Bryant Street Buffalo NY 14222 (716) 878-7737 www.kaleidahealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves women. Serves pediatric gynecology patients Serves adolescent patients.

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Essex**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Essex County Public Health Nursing Service 132 Water Street Elizabethtown NY 12932 (518) 873-3511 www.essexhealth.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Evening/weekend hours limited/by appointment. HIV testing available to Essex County residents only. On Site Testing to be done at community agencies when requested
Moriah Health Center 27 Hospital Road Mineville NY 12956 (518) 942-7123 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood Mohawk Hudson, Inc. - Ticonderoga 171 Lake George Avenue Ticonderoga NY 12883 (518) 585-7622 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Hours are Monday & Thursday 8AM-4PM; Tuesday 12PM-7PM.
Ticonderoga Health Center 102 Race Track Road, P.o. Box 29 Ticonderoga NY 12883 (581) 585-6708	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	

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 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

***Fee Information:** A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Franklin**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Adirondack Medical Center P.O. Box 471 Lake Colby Drive Saranac Lake NY 12983 (518) 891-4141 www.amccares.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Physician referral necessary. Counseling provided at clinics, not available at Medical Center.
Alice Hyde Medical Center 133 Park Street Malone NY 12953 (518) 483-3000 www.alicehyde.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations.
Franklin County Public Health Services 355 West Main Street Malone NY 12953 (518) 481-1710	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Pre- and post- testing and counseling. No over the phone results. Must be seen in person.
Northern Adirondack Planned Parenthood - Malone 222 West Main Street, Suite 1 Malone NY 12953 (518) 483-7150 www.napponline.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations.
Northern Adirondack Planned Parenthood - Saranac Lake 52 Main Street, Suite 7 Saranac Lake NY 12983 (518) 891-0046 www.napponline.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations.
St. Regis Mohawk Health Services 412 Rt 37 Box 8A Hogansburg NY 13655 (518) 358-3141	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves Native Americans only.

***Table Key:** Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Fulton**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Fulton County Public Health Department 2714 State Highway 29 Johnstown NY 12095 (518) 736-5720	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves county residents only. Operates satellite service site. Call for location.
Planned Parenthood Mohawk Hudson, Inc. - Johnstown 400 North Perry Street Johnstown NY 12095 (518) 736-1911 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients and their partners only.

***Table Key:** Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Genesee**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 962-5063 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations. TDD callers please dial (716) 423-8120.
Batavia Family Care Center 30 Bank Street Batavia NY 14020 (585) 344-4800	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Genesee County Health Department 38-37 West Main Street Road Batavia NY 14020 (585) 344-8506 www.co.genesee.ny.us	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Anonymous testing available by arrangement. Walk-in served on Tuesday, 9-11am (Testing), 2-4pm (Results).
Planned Parenthood of the Rochester/Syracuse Region - Batavia 222 West Main Street Batavia NY 14020 (866) 600-6886 www.pprsr.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call toll free 1-866-600-6886 for appointment.
United Memorial Medical Center 127 North Street Batavia NY 14020 (585) 344-5436	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves inpatients and MOMS program clients only.
VA Western NY Health Care System in Batavia 222 Richmond Avenue Batavia NY 14020 (585) 343-7500 www.va.gov/visns/visn02/batavia.html	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves US military veterans only.

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Greene**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Greene County Family Planning 411 Main Street, 3rd Floor Catskill NY 12414 (518) 719-3580 www.greenecountyfamilyplanning.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French

Cre. - Creole
 Chi. - Chinese
 Rus. - Russian

ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information:

A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Hamilton**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Hamilton County Public Health PO Box 250 White Birch Lane Indian Lake NY 12842 (518) 648-6141 www.hamiltoncountypublichealth.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	No public transportation access.
Indian Lake Health Center Pelon Road and Main Street Indian Lake NY 12842 (518) 648-5707 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Herkimer**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Herkimer County Public Health Nursing Service 301 North Washington Street, Suite 2355 Herkimer NY 13350 (315) 867-1430 www.herkimercounty.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood Mohawk Hudson, Inc. - Herkimer 401 E. German Street Herkimer NY 13350 (315) 866-3085 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Family planning patients receive free test as part of yearly exam.

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Jefferson**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Carthage Area Hospital - PCAP 1001 West Street Carthage NY 13619 (315) 493-1000	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Jefferson County Public Health Service 531 Meade Street Watertown NY 13601 (315) 786-3730	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Weekend hours limited/by appointment only.
Mercy of Northern New York 218 Stone Street Watertown NY 13601 (315) 782-7400	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of Northern New York - Watertown 160 Stone Street Watertown NY 13601 (315) 788-8065 www.ppnnny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Lewis**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Lewis County Public Health 7785 North State Street Lowville NY 13367 (315) 376-5449 www.lewispublichealth.org	<input checked="" type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of Northern New York - Lowville 7518 South State Street Lowville NY 13367 (315) 376-7421 www.ppny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	New patients need appointment and will be charged a fee.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Livingston**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Nicholas Noyes Memorial Hospital 111 Clara Barton Street Dansville NY 14437 (585) 335-6001	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Doctor requisition required. Serves pregnant women and partners eligible for PCAP and MOMS service
Tri-County Family Medicine - Dansville 22 Red Jacket Street Dansville NY 14437 (585) 335-6041	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations. Call 585-335-3416 for service site locations.
Tri-County Family Medicine - Geneseo 50 East South Street Suite 700 Geneseo NY 14454 (585) 243-1700	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Call 585-335-3416 for service site locations.
Tri-County Family Medicine - Nunda P.O. Box 729, 61 State Street Nunda NY 14517 (585) 468-2528	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Call 585-335-3416 for service site locations.
Women's Health Center 2 Livingston County Campus Mt. Morris NY 14510 (585) 243-7540	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Call toll free 1-800-243-9240 for information. Accepts Medicaid.

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 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Madison**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Colgate University 13 Oak Drive Hamilton NY 13346 (315) 228-7750 www.colgate.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves students only.
Community Memorial Hospital 150 Broad Street Hamilton NY 13346 (315) 824-1100 www.communitymemorial.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients only. Operates multiple HIV C&T sites. Call for locations.
Madison County Department of Health Court Street, County Office Bldg Wampsville NY 13163 (315) 363-5490	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Prenatal testing available. Anonymous testing available through NYSDOH.
Madison County PCAP/MOMS 1064 Northside Shopping Center Oneida NY 13421 (315) 363-5490	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves PCAP/MOMS clients and partners. Wheelchair accessible.
Oneida Healthcare Center 321 Genessee St. Oneida NY 13421 (315) 363-6000 www.oneidahealthcare.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Physician referral necessary.
Planned Parenthood Mohawk Hudson, Inc. - Oneida 603 Seneca Street, Suite 5 Oneida NY 13421 (315) 363-3950 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
SUNY Morrisville SUNY Morrisville Morrisville NY 13408 (315) 684-6078 www.morrisville.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves students only.

***Table Key:**

Language: Eng. - English
Sp. - Spanish
Fr. - French

Cre. - Creole
Chi. - Chinese
Rus. - Russian

ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information:

A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Monroe**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 962-5063 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations. TDD callers please dial (716) 423-8120.
AIDS Community Health Center 87 North Clinton Avenue, 4/F. Rochester NY 14604 (585) 244-9000 www.achcrochester.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Case management and treatment adherence services available. Specialty care: Gynecology, mental health, & optometry. On-site lab and pharmacy.
AIDS Rochester 844 North Clinton Avenue Rochester NY 14604 (585) 442-2220 www.aidsrochester.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
AIDS Rochester 1350 University Avenue Rochester NY 14607 (585) 442-2220 www.AIDSrochester.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Anthony L. Jordan Health Center 82 Holland Street Rochester NY 14605 (585) 423-2872	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
McCree-McCuller Wellness Center - NE 1400 Portland Ave., Suite 31 Rochester NY 14621 (585) 368-4333 www.unityhealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
McCree-McCuller Wellness Center -Genesee Street Campus 89 Genesee Street Rochester NY 14611 (585) 368-3506 www.unityhealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Monroe County Health Department/STD Clinic 855 West Main Street Rochester NY 14611 (585) 464-5928 www.monroecounty.gov	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Hepatitis A & B vaccination.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Monroe**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Park Ridge Hospital 1555 Long Pond Road Rochester NY 14626 (585) 723-7000	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV C&T services are available primarily for inpatients and employees. Outpatient HIV C&T services available through ER. Primary care through HIV Clinic.
Planned Parenthood of the Rochester/Syracuse Region - Greece 2824 Ridge Road West Greece NY 14626 (866) 600-6886 www.pprsr.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call toll free 1-866-600-6886 for appointment.
Planned Parenthood of the Rochester/Syracuse Region - Rochester 114 University Avenue Rochester NY 14605 (585) 546-2595 www.pprsr.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call toll free 1-866-600-6886 for appointment. Operates multiple HIV C&T sites. Call for additional locations.
Strong Health Family Medicine Center 885 South Ave. Rochester NY 14620 (585) 442-7470	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Primary care office; testing done for registered patients. Weekend hours Saturday mornings
Strong Memorial Hospital 601 Elmwood Avenue Rochester NY 14642 (585) 275-0528	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Threshold Center for Alternative Youth 80 St. Paul Street, Suite 400 Rochester NY 14604 (585) 454-7530 www.thresholdcenter.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves individuals age 12 to 25. Operates satellite service site. Call for location.
University of Rochester 601 Elmwood Avenue Rochester NY 14642 (585) 275-0528	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Westside Health Services - Woodward Health Center 480 Genesee Street Rochester NY 14611 (585) 436-3040	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Montgomery**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Amsterdam Memorial Health Center 4988 State Highway 30 Amsterdam NY 12010 (518) 842-3100 www.amsterdammemorial.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Occupational Medicine at St. Mary's Hospital Memorial Campus 4988 State Highway 30 Amsterdam NY 12010 (518) 841-3413 www.amsterdammemorial.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood Mohawk Hudson, Inc. - Amsterdam 4803 State Highway 30, KEM Plaza Amsterdam NY 12010 (518) 842-0282 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Nassau**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 462-6785 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
Mercy Medical Center 1000 North Village Avenue Rockville Center NY 11570 (516) 705-1442	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Hospital-based services. Referrals to other agencies for needed services.
Nassau County Dept. of Drug & Alcohol Addiction 60 Charles Lindbergh Boulevard, Suite 24 Hempstead NY 11550 (516) 227-7007	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Nassau Health Care Corp. - Roosevelt School Health Center 1 Wagner Avenue Roosevelt NY 11575 (516) 867-8551	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves young adult school members only.
Nassau HealthCare Corp - Elmont Health Center 161 Hempstead Turnpike Elmont NY 11003 (516) 571-8200 www.numc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Nassau HealthCare Corp - Freeport-Roosevelt Health Center 460 North Main Street Freeport NY 11520 (516) 571-8600 www.numc.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Nassau HealthCare Corp - Hempstead Health Center 100 Main Street Hempstead NY 11550 (516) 572-1300 www.numc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Nassau HealthCare Corp - Inwood-Lawrence Health Center 270 Lawrence Ave Lawrence NY 11559 (516) 571-7874 www.numc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Nassau**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Nassau HealthCare Corp - New Cassel/Westbury Health Center 682 Union Avenue Westbury NY 11590 (516) 571-9500 www.numc.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Nassau HealthCare Corp - Satellite Center at Long Beach 615 Riverside Blvd. Long Beach NY 11561 (516) 571-7795 www.numc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call for service hours.
Nassau University Medical Center 2201 Hempstead Turnpike 10/F. Rm 1024 East Meadow NY 11554 (516) 572-6506 www.ncmc.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Designated AIDS Center.
Nassau University Medical Center - Dept OF OBGYN 2201 Hempstead Turnpike G/F. East Meadow NY 11554 (516) 572-6255 www.numc.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves pregnant women only.
North Shore University Hospital - Glen Cove 101 Saint Andrews Lane Glen Cove NY 11542 (516) 674-7577	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
North Shore University Hospital - Manhasset 300 Community Drive Manhasset NY 11030 (516) 562-4280 www.northshorelij.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Designated AIDS Center.
Planned Parenthood of Nassau County - Glen Cove 110 School Street Glen Cove NY 11542 (516) 750-2500 www.ppnc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of Nassau County - Hempstead 540 Fulton Avenue Hempstead NY 11550 (516) 750-2500 www.ppnc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Nassau**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Planned Parenthood of Nassau County - Massapequa 35 Carmans Road Massapequa NY 11758 (516) 750-2500 www.ppnc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:**

Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Niagara**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
AIDS Community Services 711 Pine Avenue Niagara Falls NY 14301 (716) 285-5781 www.aidscommunityservices.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
Inter-Community Memorial Hospital at Newfane 2600 William Street Newfane NY 14108 (716) 778-5111	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location. Outpatients by appointment only.
Lockport Memorial Hospital 521 East Avenue Lockport NY 14094 (716) 514-5671	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV C&T services are available primarily for inpatients and employees. Physician referral necessary. Outpatients by appointment only.
Niagara County Health Dept. - STD Clinic 1001 11th Street Niagara Falls NY 14301 (716) 278-1960 www.niagaracounty.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Clinic open on Monday & Wednesday 12:00PM-3:30PM.
Planned Parenthood of Niagara County - Lockport 38 Heritage Court Lockport NY 14094 (716) 433-4464	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of Niagara County - N. Tonawanda 15 Webster Street N. Tonawanda NY 14120 (716) 694-6454	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Building is not handicap accessible.
Planned Parenthood of Niagara County - Niagara Falls 732 Portage Road Niagara Falls NY 14301 (716) 282-1221	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of Niagara County - Wheatfield P.O. Box 356, 6951 Williams Road Niagara Falls NY 14304 (716) 205-0708	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Oneida**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Faxton - St. Luke's Healthcare 1676 Sunset Avenue Utica NY 13502 (315) 624-6334 www.mvnhealth.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Prenatal testing only. Operates multiple HIV C&T sites. Call for locations.
Hamilton College Student Health Services 198 College Hill Road Clinton NY 13323 (315) 859-4011 www.hamilton.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves students only. Monday - Friday 8:30am - 4:30pm
Insight House 500 Whitesboro Street Utica NY 13502 (315) 724-5168 www.insighthouse.com	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Oneida County Health Department 406 Elizabeth Street Utica NY 13501 (315) 798-5748 www.oneidacounty.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
Oneida County Health Department 228 On-the-Mall Rome NY 13440 (315) 798-5747 www.oneidacounty.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Part time site opens less than 3 days every or every other week. Call main site at 406 Elizabeth St. for appointment.
Planned Parenthood Mohawk Hudson, Inc. - Rome 111 East Chestnut Street Rome NY 13440 (315) 337-8584 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Family planning patients receive free test as part of yearly exam.
Planned Parenthood Mohawk Hudson, Inc. - Utica 1424 Genesee Street Utica NY 13502 (315) 724-6146 ww.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Free testing for family planning patients.
Rome Memorial Hospital 1500 N. James Street Rome NY 13440 (315) 338-7031 www.romehosp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Offers inpatient diagnostic services and prenatal testing only.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Oneida**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Rome Memorial Hospital - Prenatal Services/ Primary Care 155 West Dominick Street Rome NY 13440 (315) 338-7640 www.romehosp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
St. Elizabeth Family Medicine Center 120 Hobart Street Utica NY 13501 (315) 798-1149 www.stemc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Specialty clinics (Dermatology, pulmonology, urology, etc.)

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages.
 Fr. - French Rus. - Russian Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Onondaga**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 562-9423 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
American Indian Community House - WISH Program 120 E. Washington Street, Suite 400 Syracuse NY 13202 (315) 470-0200	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	HIV C&T services provided free of charge to Native American clients.
Crouse Chemical Dependency Treatment Services 410 South Crouse Avenue Syracuse NY 13210 (315) 470-7381 www.crouse.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Limited to clients of 410 S. Crouse Only.
Onondaga County Health Department - Bureau of Disease Control 421 Montgomery Street, Basement, Room 80 Syracuse NY 13210 (315) 435-3236	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Extended sign-in on Thursday 12:30PM-4:30PM. No HIV results on Friday. Picture ID needed for HIV results.
Planned Parenthood of the Rochester/Syracuse Region - Syracuse 1120 Genesee Street Syracuse NY 13210 (866) 600-6886 www.pprsr.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
St. Joseph's Hospital 301 Prospect Avenue Syracuse NY 13203 (315) 448-5539	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves established patients/clients only.
SUNY Upstate Medical University Hospital - Designated AIDS Center 750 East Adams Street Syracuse NY 13210 (315) 464-5533 www.upstate.edu/uh/	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Provides adherence education and case management services.
Syracuse Community Health Center Inc. 819 South Salina Street Syracuse NY 13202 (315) 476-7921	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Ontario**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 962-5063 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations. TDD callers please dial (716) 423-8120.
Geneva General Hospital/ Finger Lake Regional Health 196 North Street Geneva NY 14456 (315) 787-4177 www.flhealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of the Rochester/Syracuse Region - Canandaigua 15 Lafayette Avenue Canandaigua NY 14424 (866) 600-6886 www.pprsr.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call toll free 1-866-600-6886 for appointment. Operates multiple HIV C&T sites. Call for additional locations.

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Orange**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 828-0064 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations.
AIDS-Related Community Services - Newburgh 280 Broadway, Suite 4 Newburgh NY 12550 (845) 562-5005 www.arcs.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations.
Bon Secours Community Hospital 160 East Main Street Port Jarvis NY 12771 (845) 856-5351 www.bonsecourscommunityhosp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
Family Health Center of Newburgh, Inc. 3 Washington Center Newburgh NY 12550 (845) 565-3138	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Evening/weekend hours limited/by appointment.
Middletown Community Health Center Inc. 10 Benton Avenue Middletown NY 10940 (845) 343-8838 www.mchccares.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
Orange County Department of Health - Middletown 33 Fulton Plaza Middletown NY 10940 (845) 346-1113 www.co.orange.ny.us	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Office hours on Friday 1:00PM-3:00PM.
Orange County Department of Health - Newburgh 141 Broadway Newburgh NY 12550 (845) 568-5333 www.co.orange.ny.us	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves individuals age 14 and above. Office hours on Thursday 6:00PM-8:00PM.
Planned Parenthood of Mid-Hudson Valley - Goshen 7 Coates Drive, Uite 4 Goshen NY 10924 (845) 294-8831 www.ppmhv.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call 1-800-230-PLAN for the Planned Parenthood nearest you. Free services for family planning benefit program clients.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Orange**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Planned Parenthood of Mid-Hudson Valley - New Windsor 532 Blooming Grove Turnpike New Windsor NY 12553 (845) 562-7800 www.ppmhv.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call 1-800-230-PLAN for the Planned Parenthood nearest you. Free services for family planning benefit program clients. Call for service hours.
Planned Parenthood of Mid-Hudson Valley - Newburgh 91 Dubois Street Newburgh NY 12550 (845) 562-5748 www.ppmhv.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call 1-800-230-PLAN for the Planned Parenthood nearest you. Free services for family planning benefit program clients.
Planned Parenthood of Mid-Hudson Valley - Walden 43 Main Street Walden NY 12586 (845) 778-2220 www.ppmhv.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call 1-800-230-PLAN for the Planned Parenthood nearest you. Free services for family planning benefit program clients.
St. Anthony Community Hospital 15 Maple Avenue Warwick NY 10990 (845) 986-2276 www.stanthonycommunityhosp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV C&T services are available primarily for inpatients and employees. Physician referral necessary. Outpatient (testing) counseled by physician.
St. Luke's Cornwall Hospital - Cornwall Campus 19 Laurel Avenue Cornwall NY 12518 (845) 534-7711 www.stlukescornwallhospital.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Orleans**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Medina Memorial Health Care System 200 Ohio Street Medina NY 14103 (585) 798-2000	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV C&T services are available primarily for inpatients and employees. Physician referral necessary.
Planned Parenthood of the Rochester Syracuse Region - Albion 243 South Main Street Albion NY 14411 (866) 600-6886 www.pprsr.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call toll free 1-866-600-6886 for appointment.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages.
 Fr. - French Rus. - Russian Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Oswego**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Oswego County Health Department 70 Bunner Street Oswego NY 13126 (315) 349-3547 www.co.oswego.ny.us/health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves individuals age 13 and above. Operates satellite service site. Call for location.
Oswego County Opportunities 522 South 4th Street Fulton NY 13069 (315) 598-4790 www.oco.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Oswego Hospital 110 West 6th Street Oswego NY 13126 (315) 349-5683	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Physician referral necessary.

***Table Key:** Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Otsego**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Bassett Health Care, OBGYN Dept. 1 Atwell Road Cooperstown NY 13326 (607) 547-6749	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves women only. Operates multiple HIV C&T sites. Call for locations.
Oneonta Family Practice of Fox Hospital 1 Fox Care Drive Oneonta NY 13820 (607) 431-5555 www.foxcarenetwork.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of South Central New York - Oneonta 37 Dietz Street Oneonta NY 13820 (607) 432-2250 www.ppscny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Reduced cost to family planning clients only. Operates multiple HIV C&T sites. Call for locations. Anonymous testing available to county residents only.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages.
 Fr. - French Rus. - Russian Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Putnam**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Planned Parenthood Hudson Peconic, Inc. - Brewster 2505 Carmel Avenue Brewster NY 10509 (845) 278-7313 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Putnam County Health Department 1 Geneva Road Brewster NY 10509 (845) 278-6558 www.putnamcountyny.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	No public transportation access. Limited appointment slots.

***Table Key:** Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Rensselaer**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Rensselaer County Health Department 1600 7th Avenue Troy NY 12180 (518) 270-2655 www.rensco.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV testing on Monday 2:00-4:00pm (walk-in) and Wednesday 2:00-4:45p STD services available.
Samaritan Hospital- Troy 2215 Burdett Avenue Troy NY 12180 (518) 271-3307 www.nehealth.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Physician referral necessary for walk-ins. Operates multiple HIV C&T sites. Call for locations.
South Troy Health Center 300 Fourth Street Troy NY 12180 (518) 271-0063	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Reduced cost services available to qualified clients only.
Upper Hudson Planned Parenthood - Troy 200 Broadway, Hendrick Hudson Bldg Troy NY 12180 (518) 274-5640 www.uhpp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients. General public pays a \$50 charge for HIV C&T services.

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Rockland**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Planned Parenthood Hudson Peconic, Inc. - Spring Valley 25 Perlman Drive Spring Valley NY 10977 (845) 426-7577 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Rockland County DOH - Robert Yager Health Center 50 Sanatorium Road, Building D Pomona NY 10970	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Evening hours available by appointment. Operates multiple HIV C&T sites. Call for locations. Offers HIV tests to TB patients and TB tests to HIV patients.
Touch, Inc. 209 Route 9 West Congers NY 10920 (845) 268-8023 www.touchny.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Food Bank. Offers case management services. Support groups available for HIV positive patients and teenagers. Emergency Fund.

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Saratoga**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Moreau Family Health 1448 Route 9 South Glens Falls NY 12803 (518) 761-6961 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood Mohawk Hudson - Saratoga Springs 236 Washington Street Saratoga Springs NY 12866 (518) 584-0041 www.ppmhchoices.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood Mohawk Hudson, Inc. - Clifton Park 1673 Rt. 9, Chaucer Square Clifton Park NY 12065 (518) 383-1783 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Wheelchair accessible. Closed on Wednesday. Free services to Planned Parenthood clients.
Saratoga County Public Health Nursing Service 31 Woodlawn Avenue Saratoga Springs NY 12866 (518) 584-7460 www.co.saratoga.ny.us/phindex.html	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves STD clinic clients. Serves TB clinic clients

***Table Key:** Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Schenectady**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 962-5065 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
Planned Parenthood Mohawk Hudson, Inc. - Schenectady 1040 State Street Schenectady NY 12307 (518) 374-5353 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Walk-ins served on Monday and Friday, 1-4pm. Free testing for family planning clients and partners. Fee of \$42-\$45 for new/other clients.
Schenectady County Public Health Services 600 Franklin St - Suite 104-106 Schenectady NY 12305 (518) 346-2187 www.schenectadycounty.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Clients must live or go to school in the county. Walk-ins served on Mon. & Wed. 1:30PM-3:00PM through STD clinic. Anonymous rapid testing by appointment at 1-800-962-5065.
Schenectady Family Health Services 1044 State Street Schenectady NY 12307 (518) 370-1441	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Schoharie**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Bassett Hospital of Schoharie County 178 Grandview Drive Cobleskill NY 12043 (518) 254-3271	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood Mohawk Hudson, Inc. - Cobleskill 560 Main Street Cobleskill NY 12043 (518) 234-3325 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages.
 Fr. - French Rus. - Russian Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Schuyler**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Planned Parenthood of the Southern Tier - Watkins Glen 106 West Fourth Street Watkins Glen NY 14891 (607) 734-3313 www.plannedparenthood.org/ppst	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Schuyler Hospital/ Infectious Disease Clinic 220 Steuben Street Montour Falls NY 14865 (607) 535-7154	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Anonymous testing - confidential testing

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Seneca**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
LifeCare 1991 Balsley Road Seneca Falls NY 13148 (315) 539-9229	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Seneca County Health Department 31 Thurber Drive Waterloo NY 13165 (315) 539-1920	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **St. Lawrence**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Clarkson University Box 5643 Student Health Center Potsdam NY 13699 (315) 268-6633	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves Clarkson students only.
Claxton-Hepburn Medical Center - St. Lawrence Maternal Care Center 214 King Street Ogdensburg NY 13669 (315) 393-5998 www.chmed.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves established patients/clients only. Prenatal testing.
Planned Parenthood of Northern New York - Canton 9 Miner Street Canton NY 13617 (315) 386-8821 www.ppny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of Northern New York - Gouverneur 137 E. Main Street Gouverneur NY 13642 (315) 287-2285 www.ppny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	No public transportation access. Open one weekend per month. Call for hours.
Planned Parenthood of Northern New York - Ogdensburg 419 Ford Street Ogdensburg NY 13669 (315) 393-6544 www.ppny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
St. Lawrence County Public Health Dept. 80 SH 310 Suite 2 Canton NY 13617 (800) 561-6057 www.co.st-lawrence.ny.us	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Call for service hours.
Watkins Student Health Center - SUNY Potsdam Van Housen Hall Potsdam NY 13676 (315) 257-2377 www.potsdam.edu/shs	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Steuben**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Family Planning Center 117 E. Steuben Street Bath NY 14810 (607) 776-3063 www.familyplanningcenter.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
Ira Davenport Memorial Hospital 7571 State Route 54 Bath NY 14810 (607) 776-8500 davenportandtaylor.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
Planned Parenthood of the Southern Tier - Corning 135 Walnut Street Corning NY 14830 (607) 962-4686 www.plannedparenthood.org/ppst	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Evening hours available on Monday.
Planned Parenthood of the Southern Tier - Hornell 174 Main Street Hornell NY 14843 (607) 324-1124 www.plannedparenthood.org/ppst	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Part time site; Mon 9-5; Thurs 11-8.
St. James' Mercy Hospital 411 Canisteo Street Hornell NY 14843 (607) 324-8113	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Appointments through express care 607-324-8100. Physician referral necessary.
Steuben County Public Health & Nursing Services 10 West First Street Corning NY 14830 (607) 664-2438	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Steuben County Public Health & Nursing Services 3 Pulteney Square East Bath NY 14810 (607) 664-2438	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Steuben County Public Health & Nursing Services 450 Canisteo Street Hornell NY 14843 (607) 664-2438	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Steuben**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Tri-County Family Medicine - Cohocton 25 Park Avenue Cohocton NY 14826 (585) 384-5310	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Call 585-335-3416 for service site locations.
Tri-County Family Medicine - Wayland 106 South Lackawanna Street Wayland NY 14572 (585) 728-5131	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Call 585-335-3416 for service site locations.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages.
 Fr. - French Rus. - Russian Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Suffolk**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 462-6786 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
County Health Center at East Hampton - Suffolk County DOH 316 Accabonac Road East Hampton NY 11937 (631) 852-7608 www.co.suffolk.ny.us	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Brentwood Family Health Center - Suffolk County DOH 1869 Brentwood Road Brentwood NY 11717 (631) 853-3421 www.co.suffolk.ny.us/health/pc/guide.html	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Central Islip Health Center - Suffolk County DOH 45 West Suffolk Avenue Central Islip NY 11722 (631) 853-2710 www.co.suffolk.ny.us/health	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Dolan Family Health Center - Suffolk County DOH 284 Pulaski Road Greenlawn NY 11740 (631) 425-5250 www.co.suffolk.ny.us	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Family Residences & Essential Enterprises, Inc. Family Wellness Center, 120 Plant Avenue Hauppauge NY 11788 (631) 851-3810 www.familyres.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Kraus FHC at Southampton - Suffolk County DOH Schenck Bldg, Meeting House Lane Southampton NY 11968 (631) 852-8852 www.co.suffolk.ny.us	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Long Island Association for AIDS Care (LIAAC) 60 Adams Avenue Hauppauge NY 11788 (877) 865-4222 www.liaac.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV C&T services provided in both Nassau & Suffolk Counties.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Suffolk**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
M.L.K. Jr. Community Health Center - Suffolk County DOH 1556 Straight Path Wyandanch NY 11798 (631) 854-1700 www.co.suffolk.ny.us/health/pc/guide.html	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Offers comprehensive medical care and case management. Counseling and testing for women in prenatal and family planning clinic.
N. Brookhaven County Health Center - Suffolk County DOH 82 Middle Country Road Coram NY 11727 (631) 854-2301 www.co.suffolk.ny.us/health/pc/guide.html	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Full service diagnostic & treatment center-adults, pediatrics, OB/GYN. Offers case management services. Contracts with SUNY medical center for speciality services.
Planned Parenthood Hudson Peconic, Inc. - Huntington 755 New York Avenue Huntington NY 11743 (631) 427-7154 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Planned Parenthood Hudson Peconic, Inc. - Patchogue 450 Waverly Avenue Patchogue NY 11772 (631) 475-5705 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Planned Parenthood Hudson Peconic, Inc. - Riverhead 540 E. Main Street Riverhead NY 11901 (631) 369-0230 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Planned Parenthood Hudson Peconic, Inc. - Smithtown 70 Maple Avenue Smithtown NY 11787 (631) 361-7526 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Planned Parenthood Hudson Peconic, Inc. - West Islip 180 Sunrise Highway West Islip NY 11795 (631) 893-0150 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Planned Parenthood Hudson-Peconic, Inc - Amagansett P.O. Box 1806, 618 Montauk Highway Amagansett NY 11930 (631) 267-6818 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Suffolk**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Riverhead Health Center - Suffolk County DOH 300 Center Drive Riverhead NY 11901 (631) 852-1800 www.co.suffolk.ny.us	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Evening hours Monday to 8:00PM.
South Brookhaven FHC East - Suffolk County DOH 550 Montauk Highway Shirley NY 11967 (631) 852-1001 www.co.suffolk.ny.us/health	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
South Brookhaven FHC West - Suffolk County DOH 365 E. Main Street Patchogue NY 11772 (631) 854-1302 www.co.suffolk.ny.us/health/pc/guide.html	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Stony Brook Department of Family Medicine 181 Belle Mead Road E. Setauket NY 11733 (631) 444-5858	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Provide pre- & post-test counseling, and referral for actual HIV test.
Tri-Community Health Center - Suffolk County DOH 1080 Sunrise Highway Amityville NY 11701 (631) 854-1014 www.co.suffolk.ny.us	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Sullivan**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Catskill Regional Medical Center P. O. Box 800, 68 Harris Bushville Road Harris NY 12742 (845) 794-3379 www.crmcnny.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	
Council of Alcoholism & Drug Abuse of Sullivan County 196 Broadway Monticello NY 12701 (845) 794-8080 www.recovery-center.com	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Wheelchair accessible.
Planned Parenthood of Mid-Hudson Valley - Monticello 14 Prince Street P.O. Box 1376 Monticello NY 12701 (845) 794-3704 www.ppmhv.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call 1-800-230-PLAN for the Planned Parenthood nearest you. Free services for family planning benefit program clients.
Roscoe Health Center Old Rt. 17 Roscoe NY 12776 (607) 498-4800	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Free for PCAP Clients.
Sullivan County Public Health Services 50 Community Lane, P.O. Box 590 Liberty NY 12754 (845) 292-0100 www.co.sullivan.ny.us	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Women Health Care of North East Penn 46 Fifth Avenue Narrowsburg NY 12764 (845) 252-3527	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	No public transportation access. Midwives available MOMS prenatal care provider.

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Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Tioga**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Tioga County Health Department 1062 State Route 38 Owego NY 13827 (607) 687-8600	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Monday - Friday
Tioga Opportunities Family Health Services 110 Central Avenue Owego NY 13827 (607) 687-5333	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Family planning services available. STD service available.

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 Sp. - Spanish Chi. - Chinese Oth. - Other Languages.
 Fr. - French Rus. - Russian Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Tompkins**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
<p>Cornell University Health Services</p> <p>Gannett Health Center Ithaca NY 14853 (607) 255-5155 www.gannett.cornell.edu</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	HIV C&T services are available primarily for students and employees.
<p>Ithaca College Student Health Center</p> <p>953 Danby Road Ithaca NY 14850 (607) 274-3177 www.ithaca.edu/health</p>	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves Ithaca College students only.
<p>Planned Parenthood of Tompkins County</p> <p>314 West State Street Ithaca NY 14850 (607) 273-1513 www.sextalk.org</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	No wheelchair access. Walk-ins served on Monday morning only.
<p>Southern Tier AIDS Program</p> <p>501 South Meadow Street Ithaca NY 14850 (607) 272-4098 www.stapinc.org</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
<p>Tompkins County Department of Health</p> <p>401 Harris B. Dates Drive Ithaca NY 14850 (607) 274-6683 www.co.tompkins.ny.us/health</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations. Anonymous testing only.

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Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Ulster**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Mid Hudson Care Center/Albany Medical Center 142 Aaron Court Kingston NY 12401 (845) 339-6755	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Mid Hudson Family Health Institute - Kingston 1 Family Practice Drive Kingston NY 12401 (845) 338-6400 www.fpinstitute.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood of Mid-Hudson Valley - Kingston 169 Washington Avenue Kingston NY 12401 (845) 338-0840 www.ppmhv.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call 1-800-230-PLAN for the Planned Parenthood nearest you. Free services for family planning benefit program clients.
Ulster County Health Department 300 Flatbush Avenue Kingston NY 12401 (845) 340-3070	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Anonymous testing available by arrangement.

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Rus. - Russian
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Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Warren**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Bolton Health Center 11 Cross Street Bolton Landing NY 12814 (518) 644-9471 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Chester-Horicon Health Center 6223 State Route 9 Chester town NY 12817 (518) 494-2761 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Health Center On Broad Street (Glens Falls) 100 Broad Street, P.O. Box 112 Glens Falls NY 12801 (518) 792-2678 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
North Creek Health Center Route 28 North Creek NY 12853 (518) 251-2541 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Planned Parenthood Mohawk Hudson, Inc. - Glens Falls 135 Warren St. Glens Falls NY 12801 (518) 792-0994 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Free testing for family planning patients. Fee of \$42-\$45 for non patients. Operates multiple HIV C&T sites. Call for locations.
Queensbury Family Health 14 Manor Drive Queensbury NY 12804 (518) 798-6400	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Warren County Health Department 1340 State Route 9 Municipal Center Lake George NY 12845 (518) 761-6580 www.co.warren.ny.us/healthservices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Every Tuesday night 6:30PM-8:00PM. Hotline number 1-800-962-5065 Clinic Free/ No Appointment Needed
Warrensburg Health Center 3767 Main Street, Health Center Plaza Warrensburg NY 12885 (518) 623-2844 www.hhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Washington**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Planned Parenthood Mohawk Hudson, Inc. - Granville 11 Quaker Street Granville NY 12832 (518) 642-1590 www.ppmhchoices.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Washington County Public Health Department 415 Lower Main Street Hudson Falls NY 12839 (518) 746-2400	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Walk-ins served if staff available. Evening hours on the 2nd & 4th Thursday each month by appointment only Saturday morning visits available by appointment only.

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Wayne**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
NYSDOH AIDS Institute - Anonymous HIV C&T (800) 962-5063 www.nyhealth.gov/diseases/aids/testing/sites.htm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations. TDD callers please dial (716) 423-8120.
Finger Lakes Migrant Health Care Project 6600 Middle Road Suite 2100 Sodus NY 14551 (800) 724-0862	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves migrants and seasonal workers.
Planned Parenthood of the Rochester/Syracuse Region - Newark 513 West Union Street Newark NY 14513 (866) 600-6886 www.pprsr.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Call toll free 1-866-600-6886 for appointment.
Via Health of Wayne, Myers Campus 6600 Middle Road Sodus NY 14551 (315) 332-2022	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Doctor requisition required. Limited hours.
Via Health of Wayne, Newark Campus 111 Driving Park Avenue Newark NY 14513 (315) 332-2280 www.viahealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Doctor requisition required. Operates satellite service site. Call for location.
Wayne County Public Health Service 1519 Nye Road Suite 200 Lyons NY 14489 (315) 946-5749 www.wcpublichealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Must be accompanied by parent if under 12.
Women's Health Care, ViaHealth of Wayne-Newark Campus PO Box 111 Driving Park Avenue Newark NY 14513 (315) 332-2427	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Westchester**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
<p>NYSDOH AIDS Institute - Anonymous HIV C&T</p> <p>(800) 828-0064 www.nyhealth.gov/diseases/aids/testing/sites.htm</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
<p>AIDS-Related Community Services - Hawthorne</p> <p>40 Saw Mill River Road, Bldg. 1 South Hawthorne NY 10532 (914) 785-8285 www.arcs.org</p>	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location. HIV testing is offered in Dutchess County on mobile unit. Call (845) 471-0707 for more information.
<p>Greenburgh Health Center, Inc.</p> <p>330 Tarrytown Road White Plains NY 10607 (914) 989-7600</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
<p>Mount Vernon Neighborhood Health Center</p> <p>107 West Fourth Street Mount Vernon NY 10550 (914) 699-7200</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations. Oral rapid tests for prenatal patients.
<p>Ossining Open Door Family Center</p> <p>165 Main Street Ossining NY 10562 (914) 941-1263</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for additional locations.
<p>Planned Parenthood Hudson Peconic, Inc. - Hawthorne</p> <p>4 Skyline Drive Hawthorne NY 10532 (914) 467-7300 www.pphp.org</p>	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Administrative headquarter.
<p>Planned Parenthood Hudson Peconic, Inc. - Mount Kisco</p> <p>280 North Bedford Road Mount Kisco NY 10549 (914) 666-6025 www.pphp.org</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
<p>Planned Parenthood Hudson Peconic, Inc. - Mount Vernon</p> <p>14 South Second Avenue Mount Vernon NY 10550 (914) 668-7927 www.pphp.org</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.

County: **Westchester**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Planned Parenthood Hudson Peconic, Inc. - New Rochelle 247-249 North Avenue New Rochelle NY 10801 (914) 632-4442 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Planned Parenthood Hudson Peconic, Inc. - White Plains 175 Tarrytown Road White Plains NY 10607 (914) 761-6566 www.pphp.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Planned Parenthood Hudson Peconic, Inc. - Yonkers 20 South Broadway Yonkers NY 10701 (914) 965-1912	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Translator line for counseling.
Soundshore Medical Center 16 Guion Place New Rochelle NY 10801 (914) 632-5000 www.ssmc.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
St. John's Riverside Hospital - ParkCare Pavilion 2 Park Avenue Yonkers NY 10703 (914) 964-7412 www.riverside.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates satellite service site. Call for location.
St. John's Riverside Hospital - The HOPE Center 2 Park Avenue Yonkers NY 10703 (914) 964-7412 www.riversidehealth.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
St. Joseph's Medical Center - Family Health Center 81 South Broadway Yonkers NY 10701 (914) 375-3200	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves established patients/clients only. Offers comprehensive medical care and case management.
The Mt. Vernon Hospital Clinic 12 North 7th Avenue Mt. Vernon NY 10550 (914) 664-8000	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Westchester**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
The Sharing Community, Inc. 1 Hudson Street Yonkers NY 10701 (914) 963-2626 www.thesharingcommunity.org	<input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Valentine Lane Family Practice 503 South Broadway, Suite 210 Yonkers NY 10705 (914) 965-9771	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
Westchester County Department of Health - Main Office 145 Huguenot Street, 8th Floor New Rochelle NY 10801 (914) 813-5256 www.westchestergov.com/health	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Serves individuals age 13 and above. Operates multiple HIV C&T sites. Call for locations.
Westchester County Department of Health - New Rochelle District Office 420 North Avenue New Rochelle NY 10801 (914) 813-5525 www.westchestergov.com/health	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Westchester County Department of Health - White Plains District Office 134 Court Street White Plains NY 10601 (914) 995-5800 www.westchestergov.com/health	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Westchester County Department of Health - Yonkers District Office 20 South Broadway Yonkers NY 10701 (914) 231-2500 www.westchestergov.com/health	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
Westchester Medical Center 95 Grasslands Road, BHC - S022 Valhalla NY 10595 (914) 493-7700 www.wcmc.com	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Serves prenatal clients and partners. Serves women of childbearing age. Serves adolescent patients.

***Table Key:** Language: Eng. - English
Sp. - Spanish
Fr. - French
Cre. - Creole
Chi. - Chinese
Rus. - Russian
ASL - Sign Language
Oth. - Other Languages.
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
B. Free of charge or reduced fee based on client income.
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
E. Accept out-of-pocket payment.
F. Other payment method. Contact provider for details.

County: **Wyoming**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Wyoming County DOPH - Men's & Women's Reproductive Health 5362 Mungers Mill Road Silver Springs NY 14550 (585) 786-8881	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Medicaid accepted. Family planning services available.

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Yates**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [November 2010 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Family Planning Center 160 Main Street Penn Yan NY 14527 (315) 536-2752 www.familyplanningcenter.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
Yates County Public Health 417 Liberty Street, Suite 2120 Penn Yan NY 14527 (315) 536-5530 www.yatescounty.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Will meet client in their home if unable to come into office

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages.
 Fr. - French Rus. - Russian Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.