Step #1: Discuss DV before eliciting partner names
- Raise DV risk associated with notifying partners.

**SAMPLE INTRODUCTION:**
"There are some routine questions that I ask all my patients because some of them are in relationships where they are afraid their partners may hurt them."

Step #2: Screen for risk of DV for each partner to be notified
- Ask about DV risk involving partners already known to the provider (e.g., spouse and any other partners named by the patient).
- Describe the nature of DV, explore severity of anticipated DV.
- Obtain information about partner's current situation.

**SAMPLE QUESTION:**
"What response would you anticipate from this partner if he/she were notified of possible exposure to HIV?"
**IF RELEVANT, SAMPLE FOLLOW-UP QUESTIONS:**
- "Have you ever felt afraid of this partner?"
- "Has this partner currently or ever:
  - Pushed, grabbed, slapped, choked or kicked you?"
- "Forced you to have sex or made you do sexual things you didn't want to do?"
- "Threatened to hurt you, your children or someone close to you?"
- "Stabbed, slashed or beaten you?"
- "Blew a gun or shot at you?"
- "Called the police or asked for help?"
- "Attacked or verbally abused you because of your HIV status or the nature of the relationship?"
- "Assaulted or verbally abused your children?"
- "Assaulted a partner's friend or relative?"
- "Told you that you would have to get an abortion?"
- "Threatened to hurt a partner's family or friends?"
- "Assaulted you or threatened you or someone close to you while you were pregnant?"
- "Threatened to harm your children or someone close to you?"

Step #3: Provide referral(s) for DV services and discuss release form
- For any identified/potential risk of DV:
  - Make a referral to a licensed DV provider. Contact the NYS Domestic Violence 24-hour hotline for information on referral resources. Phone numbers are listed at the end of this card.
- Make determination(s) regarding HIV PN
  - Consider deferring PN if there is risk of physical violence or severe negative effect on physical health and safety of patient or someone close to patient.
  - In all other cases PN should go forward. If in doubt, speak with PartNer Assistance Program (PNAP) or Contact Notification Assistance Program (CNAP) staff. See PNAP/CNAP phone numbers in "Resources" section.

Step #4: Discuss and implement PN option(s)
- Report status of PN and identified risk of DV to the NYS DOH on the "Medical Provider HIV/AIDS and Partner Contact Report Form."
- If the provider defers PN based on DV risk:
  - Provide follow-up information to the patient to contact public health staff on their own if DV situation changes.
  - Ask the patient to sign a release form to obtain HIV-related information and discuss whether the patient will agree to follow-up contact by public health staff.

Step #5: Discuss and implement PN option(s)
- Report status of PN and identified risk of DV to the NYS DOH on the "Medical Provider HIV/AIDS and Partner Contact Report Form."
- If the provider defers PN based on DV risk:
  - Provide follow-up information to the patient to contact public health staff on their own if DV situation changes.
  - Ask the patient to sign a release form to obtain HIV-related information and discuss whether the patient will agree to follow-up contact by public health staff.

Step #6: Collaborate with public health PN staff
- Provide follow-up information to the patient to contact public health staff on their own if DV situation changes.
- Ask the patient to sign a release form to obtain HIV-related information and discuss whether the patient will agree to follow-up contact by public health staff.

Step #7: Revise PN and DV risk throughout the continuum of care
- Revised individuals that HIV PN assistance and referrals to DV services are always available.
- Encourage their use throughout the continuum of care.

**Domestic Violence (DV) Screening Algorithm**

**Risk of DV**
- Screen for Risk of DV
- For each partner

**Risk of Other Outcome(s)**
- Proceed with partner notification (PN) plan

**Risk of Severe Outcome(s)**
- Defer PN
- Obtain release
- Work with PNAP/CNAP

**Outcome(s)**
- Proceed with partner notification (PN) plan
- Defer PN
- Obtain release
- Work with PNAP/CNAP

**Resources**

- PartNer Assistance Program (PNAP) - (800) 541-2437
- Contact Notification Assistance Program (CNAP) - (800) 541-2437
- NYS HIV/AIDS Hotline - (800) 541-2437

General information and referral to HIV counseling and testing, including anonymous HIV counseling and testing sites. Spanish: (800) 541-2437

- AIDS Drug Assistance Program - (800) 541-2437
- Free medications and care for uninsured HIV infected persons.

- HIV Confidentiality Hotline - (800) 962-5063
- General information, "Break of Confidentiality" forms, and referrals for further assistance.

- Legal Action Center - (212) 243-1313
- Training and technical assistance about confidentiality issues.

- NYS Division of Human Rights Office of AIDS Discrimination Issues - (800) 523-2437

- NYC Commission on Human Rights - (212) 306-7500
- Phone counselors provide general information; referral to HIV counseling and testing and other services.

- NYS Domestic Violence Hotline - (800) 942-9999
- Spanish - (800) 942-8988

- NYS Domestic Violence Hotline - (800) 621-9292
- Hearing impaired - (800) 610-7444
- NYC Gay and Lesbian Anti-Violence Project Hotline - (212) 704-1344.
New York State Department of Health                  AIDS Institute

Guide to HIV Pre-Test and Post-Test Counseling

HIV Pre-Test Counseling

Discuss with patient:
• prior history of HIV counseling;
• benefits of early diagnosis and treatment;
• HIV transmission and risk reduction behaviors;
• disclosure and discrimination issues;
• anonymous and confidential testing options (see "Resources");
• if patient tests HIV positive:
  • reporting of name to NYSDOH for epidemiological and partner notification (PN) purposes only; NYSDOH keeps name strictly protected;
  • the benefits of PN; patient will be asked to consider PN;
  • the provider is required to report names of all partners known to him/her (e.g., spousal) to NYSDOH along with any other(s) the patient wishes to have notified;
  • the provider and patient will work together to tailor PN services to meet the client’s needs (options and assistance for PN are available (see "HIV Counseling & Testing/Reporting/Partner Notification Algorithm")

It is recommended that providers inquire about domestic violence (DV) concerns if not done at another point in patient intake or clinical care. At any point, if DV concern is raised, refer to "Domestic Violence Screening Program Information" (see other side).

Explain to pregnant women:
• importance of HIV testing for the current pregnancy;
• benefits of HIV testing in early pregnancy as it may reduce perinatal transmission, informing mother and child;
• all newborns are tested with results reported to their mothers;
• meaning of the test results;
• possibility of HIV exposure during the past three months and possible need to revisit;
• importance of early diagnosis and treatment;
• prior history of HIV test counseling;
• availability of appropriate medical follow-up; nondisclosure of personal risk reduction strategies.

Informed Consent for HIV Test

Provide patient with copy of consent form and review all information.

Consider patient’s ability, regardless of age, to comprehend the nature and consequence of HIV testing. If the patient’s ability to understand is impaired, defer testing or discuss with partner who has legal authority to consent to patient’s medical care.

Explain that the HIV test is voluntary and the patient may withdraw consent at any time.

Obtain written informed consent prior to testing, from patient or person authorized to consent.

A licensed physician or other person authorized by law to order a laboratory test must sign all orders for HIV testing and certify that informed consent was obtained.

HIV Post-Test Counseling

For patients with a NEGATIVE test result:

• meaning of the test result;
• possibility of HIV exposure during the past three months and possible need to revisit;
• meaning of test results; encourage retesting;
• discuss with patient:
  • risk behavior counseling;
  • benefits of early diagnosis and treatment;
  • prior history of HIV test counseling;
  • availability of appropriate medical follow-up;
  • nondisclosure of personal risk reduction strategies;
  • confidentiality benefits of PN; patient will be asked to consider PN; the provider is required to report names of all partners known to him/her (e.g., spousal) to NYSDOH along with any other(s) the patient wishes to have notified;
  • the provider and patient will work together to tailor PN services to meet the client’s needs (options and assistance for PN are available (see "HIV Counseling & Testing/Reporting/Partner Notification Algorithm")

For patients with a POSITIVE test result:

• Discuss meaning of test result; encourage testing;
• Discuss availability of appropriate medical follow-up;
• Nondisclosure personal risk reduction strategies.

For ALL patients:

• Document the provision of post-test counseling, including the test results, results of DV screening and arrangements for PN, if applicable.

• Explain PN options:
  • notification by a PNAP/CNAP counselor or provider: The patient’s name or other identifying information is never revealed.
  • PNAP/CNAP or provider-assisted notification.
  • self-notification (if patient chooses to name partner).
• Explain that when self-notification is chosen, a confirmation plan will be worked out between the provider and PNAP/CNAP.

• Complete the "Medical Provider HIV/AIDS and Partner Contact Report Form" (DOH-4189), send one copy to NYSDOH; keep one copy for patient’s records.
• Provide or refer patient to medical services and counseling for needed support services (e.g., education to prevent transmission to others; emotional support, legal and DV services).

For patients with INDETERMINATE test results:

• Discuss meaning of test results; encourage retesting.
• Discuss availability of appropriate medical follow-up.
• Nondisclosure personal risk reduction strategies.

For ALL patients:

• Document the provision of post-test counseling, including the test results, results of DV screening and arrangements for PN, if applicable.

New York State Department of Health