

# HIV Testing Toolkit:

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

**How to use this file:** This file includes numerous NYSDOH HIV testing documents saved in PDF format. On the left side of this screen you will see several icons. Clicking on the second icon from the top will enable the “bookmark” function. A window will open that will show an index of all of the documents in the file. Clicking on the document of interest will take you directly to that document.

**About this Toolkit:** This toolkit was developed for primary care providers and contains all of the resources needed to meet New York State clinical guidelines and legal requirements for offering voluntary, routine HIV testing as a part of health care to all patients aged 13-64. By routinely offering HIV testing, we can ensure that all people living with HIV infection are aware of their status and can access health care to improve their health and prevent transmission to others.

Section	
1	<b>Overview of the HIV Testing Law for Health Care Providers:</b> This three page summary outlines the requirement for health care providers to offer HIV testing as a routine part of health care. It explains details for offering routine HIV testing to adults and teens.
2	<b>Follow-up Actions for Patients with Confirmed HIV-Positive Test Results:</b> This two page document provides information about post-test counseling messages for patients who test HIV positive and includes information and resources related to partner notification and provider reporting responsibilities.
3	<b>HIV Testing Algorithm and the Window Period:</b> This section provides information about HIV testing technologies, the window period and the updated HIV Diagnostic Testing Algorithm.
4	<b>Occupational Exposure and HIV Testing:</b> This one page summary provides detailed guidance on HIV testing of the source patient in cases of occupational exposure.
5	<b>Say Yes to the HIV Test Brochure:</b> The brochure, printable on letter size paper, outlines the key information that must be given to patients before an HIV test is done and includes information to be given to patients with a negative HIV test result. English and Spanish.
6	<b>Say Yes to the HIV Test Poster:</b> This poster may be placed in waiting or exam rooms to provide information that must be given to patients before an HIV test. English and Spanish.
7	<b>HIV Testing is for Everyone:</b> This brochure explains to teenagers the importance of HIV testing.
8	<b>Information for Parents About HIV Testing for Teenagers:</b> This one page fact sheet provides basic information about HIV testing for teenagers.
9	<b>Release Forms:</b> Instructions and forms for the release of HIV information are included. One form is specific to the release of alcohol/drug treatment/ mental health information and HIV.
10	<b>Coding Guide for HIV Testing:</b> Providers medical billing codes for HIV testing.
11	<b>Additional Resources:</b> This list of additional internet resources includes internet links to: FAQs about HIV testing; resource directories for HIV clinical care providers and other HIV/AIDS services; training resources; clinical guidelines; and other resources to support the integration of HIV testing into routine health care.

# Overview of NYS HIV Testing Law for Health Care Providers

## Background

New York State HIV Clinical Guidelines and Public Health Law establish the requirement that voluntary HIV testing be offered at least once as a routine part of health care to all patients between the ages of 13 and 64. Testing should be offered annually or more frequently to patients with ongoing risk of infection.

Routine HIV testing is critical for addressing the following facts:

- Thousands of HIV-positive New Yorkers are unaware that they are living with HIV.
- HIV treatment is highly effective, easy to take and most patients will experience minimal or no side effects.
- Despite previous efforts to promote HIV testing, people living with HIV still too often learn of their diagnosis late in disease progression.
- Early identification of HIV and initiation of treatment is strongly associated with reduction in transmission of HIV.

**The US Preventive Services Task Force gave routine HIV testing for adults and adolescents an A Grade.**

## Oral Consent for HIV Testing

The requirement for written consent for HIV testing was removed in June 2014. Consent may be obtained orally, except in criminal justice settings. Requirements for the consent process include:

- Providing key points about HIV testing in writing, verbally or by video before conducting the test;
- Notifying the patient that HIV testing is being done;
- The patient having an opportunity to refuse the test;
- Documenting in the patient chart that an HIV test was conducted.

## HIV Testing is Confidential

While HIV test results are confidential, state regulation allows health departments to share information in certain circumstances with health care providers to promote linkage/ retention in care.

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

New York State Law allows for individuals to consent to an HIV test regardless of age. Adolescents may consent to their own HIV test unless the health care provider has a concern about the adolescent's ability to understand the nature or consequences of the HIV test. If such a concern exists, the provider should consult with the adolescent's parents or caretakers.

## Mandatory Offer of HIV Testing

At least once to:

- All individuals between the ages of 13 and 64 years of age
- Younger or older if there is evidence of risk for HIV

## Settings and Providers Affected

### Settings

#### Hospitals

- In-patient
- Emergency Dept
- Outpatient Primary Care

#### Diagnostic & Treatment Centers

- Outpatient Primary Care

### Providers (regardless of setting)

#### Primary Care Providers

- Physician
- Nurse practitioner
- Physician Assistant
- Midwives

#### Primary Care Field of Medicine

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

## Requirement to Arrange for Follow-Up HIV Care for All Patients Who Test HIV Positive.

When a confirmed HIV positive test result is provided, the person ordering the test or his/her representative must provide post-test counseling and arrange for follow-up HIV care. See Section 2 of this toolkit for more information.

## Key Points of Information for Patients About HIV Testing:

**Prior to asking for consent to perform the HIV test, the following key points must be provided. The key points may be delivered orally, in writing or via electronic means.** These key points are available as a poster or brochure in Section 4 of this toolkit or at: <http://www.health.ny.gov/publications/9678/index.htm>

- HIV is the virus that causes AIDS. It can be spread through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with HIV-infected blood by sharing needles (piercing, tattooing, drug equipment, including needles); by HIV-infected pregnant women to their infants during pregnancy or delivery, or by breast feeding.
- There are treatments for HIV/AIDS that can help a person stay healthy.
- People with HIV/AIDS can use safe practices to protect others from becoming infected. Safe practices also protect people with HIV/AIDS from being infected with different strains of HIV.
- Testing is voluntary and can be done at a public testing center without giving your name (anonymous testing).
- By law, HIV test results and other related information are kept confidential (private).
- Discrimination based on a person’s HIV status is illegal. People who are discriminated against can get help.
- Consent for HIV-related testing remains in effect until it is withdrawn verbally or in writing. If the consent was given for a specific period of time, the consent applies to that time period only. Persons may withdraw their consent at any time.

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

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

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

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

- Confidential questionnaires for adolescents about HIV, sexual health, substance use, etc. can be an important tool for starting discussions with young people. The adolescent completes the questionnaire and the health care provider discusses it with the young person when they are alone.
- Explain that birth control is important to prevent unwanted pregnancy and, based on the form of birth control, condom use is important to prevent HIV and other STIs.
- When not available on-site, refer young person to Planned Parenthood, local health department or community based organization for access to birth control, condoms and other HIV prevention resources.
- See attached **HIV Testing is For Everyone** (Section 6) and **Information about HIV testing for Parents** (Section 7)

## Providing a negative (non-reactive) HIV test result

The negative HIV test result may be provided in-person, by mail, electronic messaging or telephone as long as patient confidentiality is protected. For an easy to print document summarizing key points for patients: <http://www.health.ny.gov/diseases/aids/providers/testing/guidance/negativetestresults.htm>

When providing a negative HIV test result, explain:

1. that a negative result almost always means that you are not infected with HIV.
2. the possibility of recent infection if the person engaged in risk behaviors in the month prior to the test and, if so, the need for re-testing.

### HIV Prevention Messages and Resources for Patients

- Abstain from having sex or sharing needles, syringes or other drug injection equipment with a person who has HIV or whose HIV status you don't know

#### If you choose to have sex or inject drugs, there are ways to lower your chances of becoming infected

- Use a latex male condom or a female condom. Condoms work very well to prevent HIV if you use them the right way, every time you have sex.
- If you engage in on-going high risk behavior, such as unprotected anal intercourse with one or more partners whose HIV status is unknown, consider taking Pre-exposure prophylaxis (PrEP), which involves taking medication once a day to prevent HIV infection.
- If you think you were exposed to HIV infection, you can take Post-exposure prophylaxis (PEP), an emergency medication that you must begin as soon as possible, within three days of the exposure.
- If you do shoot drugs Use new needles and equipment each time you shoot up
  - Do not share needles, syringes or works
  - Syringe exchange programs provide needles free of charge
  - If you are 18 or older, you can buy new needles at many drugstores
- Do not share needles for ear piercing, body piercing or tattooing.

### Important Prevention Resources for Patients

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

## Follow-up Actions for Patients with Confirmed HIV-Positive Test Results

- ✓ **Explain that a confirmed positive HIV test result means the patient has HIV infection.** When standard HIV testing is conducted by a laboratory, all positive results are confirmed and the patient should be informed he/she has lifelong HIV infection. Patients who have a reactive result on an HIV rapid screening are considered preliminary positive and the provider who conducted the rapid screening must arrange for follow-up confirmatory testing by a certified laboratory. If the confirmatory test is positive, it is considered a final positive test result.
- ✓ **All patients with confirmed HIV infection should be made aware of the benefits and importance of HIV treatment.**
- ✓ **Provide or arrange for in-person post-test counseling on the following topics:**
  1. coping with the consequences of learning the result;
  2. the potential for discrimination;
  3. preventing transmission of HIV to others;
  4. that HIV information is confidential and how to authorize or revoke the release of HIV information;
  5. that HIV reporting is required by law (see information about DOH-4189 Form below);
  6. how to access prevention and supportive services. Outside of New York City, the New York State Department of Health Partner Services staff can also assist in providing post-test counseling. For more information on supportive service providers see Additional Resources (Section 11) or visit <http://www.health.ny.gov/diseases/aids/resources/index.htm>
- ✓ **The medical professional who receives a patient's confirmed positive HIV test result must provide an appointment or schedule an appointment for follow-up HIV medical care.** If the provider does not provide HIV medical care, the patient's medical record should reflect the name of the medical provider/facility where the appointment was made. For more information on finding HIV care providers, see Additional Resources or visit: [http://www.health.ny.gov/diseases/aids/resources/provider\\_directory/voluntary\\_hiv\\_providers.pdf](http://www.health.ny.gov/diseases/aids/resources/provider_directory/voluntary_hiv_providers.pdf)
- ✓ **Explain that if a person with HIV appears to have fallen out of care, he or she may be contacted by the medical provider or health department staff to address barriers to entry into care and promote engagement in care.**
- ✓ **Discuss options for notifying partners, contacts, and spouses, including screening for risk of domestic violence; or refer to a Partner Services/Notification Program.**

### Partner Services/Notification:

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

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

To order a supply of copies of DOH-4189, please call NYSDOH at 518-474-4284.

## Contacts for Partner Services

### **Partner Services: A Critical Component for Preventing New Cases of HIV/AIDS**

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

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

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

### Contact Notification Assistanec Program (CNAP)

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

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

# Occupational Exposure and HIV Testing

## Background

Consent is required in all instances where an individual has the capacity to do so, including instances of occupational exposure. However, situations may occur where there is an occupational exposure and the source patient is unable to provide consent for HIV testing. In cases when there has been an occupational exposure that creates a significant risk of contracting or transmitting HIV infection, an anonymous test may be ordered without consent of the source patient if **all** of the following conditions are met:

- ✓ the source person is deceased, comatose, or is determined by his or her attending medical professional to lack mental capacity to consent, and
- ✓ the source person is not expected to recover in time for the exposed person to receive appropriate medical treatment, and
- ✓ there is no person available or reasonably likely to become available who has legal authority to consent in time for the exposed person to receive appropriate medical treatment, and
- ✓ the exposed person will benefit medically by knowing the source person's HIV test results.

Obtaining Consent	Testing Process
<ol style="list-style-type: none"> <li>1. Approach source patient and determine capacity to consent, if not...</li> <li>2. Determine if a surrogate is available</li> <li>3. If so, obtain consent</li> </ol>	<ol style="list-style-type: none"> <li>1. Explain the importance of knowing the source patient's status</li> <li>2. Provide required key points of information about HIV testing</li> <li>3. Notify the individual that HIV testing is being performed</li> <li>4. The person being tested, or surrogate on his or her behalf, has the opportunity to refuse the test</li> <li>5. Document that the HIV test has been conducted in the medical record.</li> </ol>
<p><b>4. If the patient is deceased or no surrogate is available:</b>            The law allows the provider to order an anonymous test with results provided only to the attending professional of the exposed person. Information is made available solely for the purpose of making decisions regarding post-exposure prophylaxis (PEP). If there is no surrogate present, the decision to perform an anonymous test may be made immediately.</p>	

**Testing Technology:** NYSDOH strongly recommends use of a 4<sup>th</sup> generation HIV test. Organizations subject to OSHA regulations are mandated to use rapid testing technology. Regardless of setting, the result should be made available ASAP to facilitate initiation of PEP, ideally within 2 hours of exposure.

## Documentation:

<p><b>For the Exposed Individual</b>            The medical benefits of knowing the source person's test result must be documented in the exposed person's medical record.</p>	<p><b>For the Source Patient</b>            If an anonymous test is conducted, the law does not preclude the source patient from being informed that a test was conducted. However, you cannot inform the source patient of the test result or place it in his or her medical record.</p>
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# HIV Testing Algorithm and the Window Period

HIV testing technology has improved significantly since the first HIV tests were available in 1985. By 2006, HIV screening tests could detect infection 21-24 days after infection. The latest tests, referred to as 4<sup>th</sup> generation tests, can detect HIV by 11-14 days after infection. At this time, the patient is still in the early or acute stage of infection.

**Diagnosing HIV infection during the acute stage is an important public health goal which can significantly reduce subsequent transmission to partners.**

The Western Blot (WB) test has been used as a confirmatory test for many years but it has not kept pace with the improvements in screening tests. The Western Blot cannot detect infection until approximately 27-28 days after infection. Therefore, if a patient is recently infected with HIV and the Western Blot is used as a confirmatory test, there is a strong likelihood that the final result will be reported as indeterminate. This situation has given rise to a new Diagnostic Testing Algorithm (see right column and the following September 5, 2014, letter to Clinical Providers).

## It is important to Know What Tests Are Conducted

Not all labs are currently using 4<sup>th</sup> generation tests. Some labs are continuing to use the WB as a confirmatory test. In order to correctly interpret the results of an HIV test, it is important to know what testing technologies were used. For information about HIV testing technologies, visit [Laboratory Tests for HIV](#).

**Important Recommendation:** Request an HIV RNA test and standard HIV testing if acute infection is suspected and 4<sup>th</sup> Generation Testing is Not Available

In cases where a patient reports recent possible exposure to HIV and signs or symptoms of acute HIV infection are present, NYS clinical Guidelines recommend also ordering an HIV RNA test to detect acute HIV infection. The signs and symptoms of acute HIV infection can be found at [acute infection](#).

## Role of Point of Care Rapid HIV Testing

Point of care rapid tests can alert people of likely HIV infection during one appointment and therefore are especially useful in community based settings. When a point of care rapid test is reactive, a blood sample must be sent to the laboratory and the updated testing algorithm should be followed, using a 4<sup>th</sup> generation HIV test as Step 1.

### Window Period: Defined

The length of time after infection that it takes for the testing technology to detect the presence of HIV infection.

### Fourth Generation HIV Tests

- Can detect IgG & IgM
- Can detect HIV-1 protein directly, making it possible to identify infection much earlier than anti-body only tests

### Western Blot (WB): Limitations

Western Blot test is positive on average about 27-28 days after infection. This is much later than the current 4<sup>th</sup> generation tests. Therefore, the WB is no longer a good confirmatory test.

### MULTI-TEST ALGORITHM

**STEP 1: SCREENING** – preferably using a 4<sup>th</sup> generation test

**STEP 2: SUPPLEMENTAL HIV 1 - 2 DIFFERENTIATION** - performed after a reactive screening test to differentiate between HIV 1 and HIV 2

**STEP 3: SUPPLEMENTAL HIV RNA TESTING** - conducted only to resolve a negative or indeterminate result at step 2.

**Rapid Test:** defined by NYS law as an HIV test that produces a result in 60 minutes or less

**Point of Care Test:** A diagnostic test that is completed in a clinical setting during a single encounter.

September 5, 2013

**RE: Information for Clinicians on a New Diagnostic Testing Algorithm for Human Immunodeficiency Virus (HIV) Infection**

Dear Colleague:

The purpose of this letter is to update clinicians about a new HIV Diagnostic Testing Algorithm for diagnosis of HIV infection. In the past, HIV diagnostic testing was based solely on antibody detection and tests such as Western blot or IFA (immunofluorescent antibody) were required to confirm HIV antibodies following a reactive screening test. While these traditional confirmatory tests continue to have a role in HIV diagnosis, technological developments over the past few years have allowed assessment of testing algorithms that do not rely on these methods. A new HIV Diagnostic Testing Algorithm has been verified through scientific studies<sup>1</sup> and offers several advantages over the traditional enzyme immunoassay (EIA)-Western blot algorithm, including earlier and more accurate detection of HIV infections, the ability to differentiate between HIV-1 and HIV-2 infections, and lower costs.<sup>2,3,4</sup> Recommendations from the Centers for Disease Control and Prevention (CDC) for its use are anticipated. The New York State Department of Health (NYSDOH) recently provided interim guidance to NYS-permitted laboratories, and this letter provides information for clinicians on use of the new algorithm.<sup>5</sup>

Two attachments accompany this letter:

- Attachment 1 The HIV Diagnostic Testing Algorithm
- Attachment 2 Interpreting Clinical Laboratory Results from the HIV Diagnostic Testing Algorithm

**New Laboratory Algorithm**

The new HIV Diagnostic Testing Algorithm is described in **Attachment 1**. This algorithm differs significantly from the conventional strategy of antibody screening followed by the Western blot. The HIV Diagnostic Testing Algorithm is a multi-test algorithm, incorporating tests that detect HIV antigens, antibodies and RNA, and the final interpretation is based on a combination of test results rather than a single confirmatory test such as the Western blot.

An important factor in HIV diagnostic testing is the sensitivity of the initial test. The new algorithm is intended to begin with an HIV-1/2 immunoassay capable of detecting HIV antigens (Ag) and antibodies (Ab), commonly referred to as an Ag/Ab combo or 4th generation immunoassay. The benefit of this technology is that it can detect HIV-1 during the acute stage via antigen detection as well as chronic stages of infection via antibody detection. When the 4<sup>th</sup> generation test result is 'Reactive' this is considered to be a presumptive positive result and additional testing is required for confirmation. In the new algorithm, confirmation is provided by a specific sequence of supplemental tests. The first is a supplemental test that has been FDA-approved to detect and differentiate HIV-1 and HIV-2 antibodies. If this test is positive for HIV-1 antibodies or HIV-2 antibodies, HIV antibodies are confirmed, and clinicians may proceed with tests appropriate for initial evaluation of an infected individual. If HIV antibodies are not confirmed, the laboratory should reflex to an HIV-1 RNA (nucleic acid test or NAT) detection test to distinguish between a false positive

screening result and an acute HIV infection. If the RNA test is positive, HIV-1 infection is present and the patient is likely to be in the acute or very early stage of infection.

### **Testing Reports for Health Care Providers**

The HIV Diagnostic Testing Algorithm includes combinations of HIV test results that may be unfamiliar to health care providers. Therefore, in addition to the results of all tests, the laboratory report that is returned to the ordering clinician should include a final interpretation statement and, when appropriate, recommendations for follow-up testing. A list of the different combinations of test results and the NYSDOH recommended interpretation statements is provided in **Attachment 2**. Providers may request that preliminary HIV test results be reported to them prior to completion of the algorithm. Additional information on currently available tests appropriate for the algorithm may be found at: <http://www.health.ny.gov/diseases/aids/testing/index.htm#algorithm/>.

### **Implications for Testing**

**Alternatives to 4<sup>th</sup> generation immunoassays:** 3<sup>rd</sup> generation HIV-1/2 immunoassays are capable of detecting IgM and IgG antibodies to HIV and have been used for HIV screening by laboratories for several years. Some laboratories may continue to use 3<sup>rd</sup> generation immunoassays as their initial screening test, and it is currently acceptable for laboratories to follow the HIV Diagnostic Testing algorithm with a 3<sup>rd</sup> generation immunoassay as the initial test<sup>1</sup>. Clinicians should be aware that 3<sup>rd</sup> generation immunoassays will detect infection early in the seroconversion process, even before a Western blot becomes positive, but they will not detect HIV-1 infection in the acute stage before antibodies are produced. The test results and interpretations in **Attachment 2** are based on initial testing with a 4<sup>th</sup> generation HIV-1/2 Ag/Ab combo immunoassay. If the initial test in the algorithm is a 3<sup>rd</sup> generation HIV-1/2 immunoassay, the interpretation statements will be slightly different.

**Rapid Point-of-Care Testing:** Rapid testing continues to be an approved method for HIV screening, and an important means for providing access to HIV testing, especially in community-based settings. Health care providers and community based organizations that hold a NYSDOH Limited Service Laboratory Registration to perform rapid HIV testing, as well as licensed clinical laboratories, may continue to screen for HIV using FDA-approved rapid tests. All preliminary positive HIV rapid test results must be confirmed through additional testing performed at a clinical laboratory, and the HIV Diagnostic Testing Algorithm may be used in place of the Western blot for this purpose. Clinical laboratories have received instructions on how to use the HIV Diagnostic Testing Algorithm when confirming a rapid test result and will receive updates as new FDA-approved tests become available.

**Use of Western blot:** FDA-approved HIV-1 Western blot tests are still available and may be used by laboratories to confirm reactive screening test results; however, the HIV-1 Western blot tests are less sensitive than most available HIV screening tests, including rapid tests. A negative Western blot result should not be interpreted as negative for HIV-1 infection. If the Western blot result is negative or indeterminate, an HIV-1 RNA test should be performed on the specimen to resolve the discrepancy. If the laboratory is unable to perform an HIV-1 RNA test directly on the original specimen, the laboratory test report should include a statement recommending collection of a specimen for HIV-1 RNA testing as soon as possible.

**Recent HIV Exposure:** Patients with potential recent exposure to HIV present diagnostic challenges due to the “window period,” or the length of time after infection that it takes for the virus to become detectable by HIV diagnostic tests. The length of the window period varies depending on the type of diagnostic test used and the method it employs to detect the virus. More information about the window period for various types of tests can be found at <http://www.hivguidelines.org/clinical-education/hiv-education-and-training-initiative/hiv-qa-fact-sheets/window-period-for-hiv-infection/>. Clinicians should be familiar with the testing process used by the laboratory conducting testing for their patients, as recommendations for retesting patients with recent exposure will vary depending on the test used.

**Clinical Assessment:** This testing algorithm is expected to perform as well as Western blot testing for the diagnosis of chronic HIV infection. However, as with Western blot testing, occasional persons may have test results that are confusing or appear inconsistent with the clinical presentation. Consultation with an HIV clinical expert is appropriate if test results conflict with patient history and/or clinical presentation.

**HIV-2 Evaluation:** There are no FDA-approved HIV-2 RNA or DNA tests currently available. A laboratory-developed HIV-2 RNA test that has been approved for diagnostic use is available at the NYSDOH Wadsworth Center. If HIV-2 RNA testing is warranted, contact the Wadsworth Center at (518) 474-2163.

## **HIV Reporting**

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

1. **Initial/New HIV diagnosis** - First report of testing documenting HIV infection.
2. **Previously diagnosed HIV infection (non-AIDS)** - Infection previously diagnosed (including repeat/confirmatory test) but patient has not met criteria for AIDS. (Applies to a medical provider who is seeing the patient for the first time.)
3. **Initial/New Diagnosis of AIDS** - Including <200 CD4 cells/ $\mu$ L or opportunistic infection (AIDS-defining illness).
4. **Previously diagnosed AIDS** - (Applies to a medical provider who is seeing the patient for the first time.)

Blank forms are available by calling the NYSDOH (518) 474-4284. The NYSDOH Bureau of HIV/AIDS Epidemiology and the New York City Department of Health and Mental Hygiene HIV Surveillance and Field Services Program will also work with clinicians to understand the documentation needed for reporting of HIV and AIDS diagnoses as required by Public Health Law 2130.

## **Additional Information**

As it becomes available, additional information and guidance on the new HIV Diagnostic Testing Algorithm will be posted on the NYSDOH website under "[HIV Testing](#)". Questions may be directed to [hivtesting@health.state.ny.us](mailto:hivtesting@health.state.ny.us). The new HIV Diagnostic Testing Algorithm offers the opportunity to provide infected persons and their clinicians more accurate and timely information on HIV-1 and HIV-2 infection as well as the opportunity to improve capacity to detect acute HIV infection. We look forward to collaborating with you in continuing the important work of prevention, diagnosis and treatment of HIV infection by incorporating the HIV Diagnostic Testing Algorithm into routine diagnostic testing and HIV surveillance.

Sincerely,

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AIDS Institute  
New York State Department of Health

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### References

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2. CLSI. Criteria for Laboratory Testing and Diagnosis of Human Immunodeficiency Virus Infection; Approved Guideline. CLSI Document M-53A, 2011.
3. Branson, BM. The Future of HIV Testing. J Acquir Immune Defic Syndr 2010;55:S102-S105.
4. Centers for Disease Control and Prevention (CDC). Detection of Acute HIV Infection in Two Evaluations of a New HIV Diagnostic Testing Algorithm – United States, 2011-2013. MMWR 2013; 62 (24); 489-494.
5. NYSDOH. "Interim Guidelines for Laboratories on the use of a new Diagnostic Testing Algorithm for Human Immunodeficiency Virus (HIV) Infection"; <http://www.hivguidelines.org/wp-content/uploads/2013/05/interim-guidelines-for-laboratories-on-the-use-of-a-new-diagnostic-testing-algorithm-for-hiv-infection-05-16-2013.pdf>. Accessed June 12, 2013.



## Attachment 2

## Interpreting Clinical Laboratory Results from the HIV Diagnostic Testing Algorithm

	Test Method	Test Result	Interpretation
A	1. HIV-1/2 Ag/Ab combo immunoassay	1. Nonreactive	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection.
B	1. HIV-1/2 Ag/Ab combo immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-1 Positive	Positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection is present.  <i>Provider case reporting required*</i>
C	1. HIV-1/2 Ag/Ab combo immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-2 Positive	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present.  <i>Provider case reporting required*</i>
D	1. HIV-1/2 Ag/Ab combo immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Nonreactive or Indeterminate 3. Not detected	HIV antibodies were not confirmed and HIV-1 RNA was not detected. No laboratory evidence of HIV-1 infection is present. Further testing is recommended if warranted by clinical evaluation or risk factors.
E	1. HIV-1/2 Ag/Ab combo immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Nonreactive or Indeterminate 3. Detected	Positive for HIV-1. Laboratory evidence of HIV acute HIV-1 infection is present.  <i>Provider case reporting required*</i>
F	1. HIV-1/2 Ag/Ab combo immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV Positive (Undifferentiated)	Positive for HIV antibodies. Laboratory evidence of HIV infection is present. HIV antibodies could not be differentiated as HIV-1 or HIV-2. Additional testing for HIV-1 RNA and HIV-2 RNA or DNA is warranted.  <i>Provider case reporting required*</i>
G	1. HIV-1/2 Ag/Ab combo immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. Nonreactive or Indeterminate	HIV-1 antibodies were not confirmed and HIV-1 RNA testing was not performed. <b>Testing of this specimen is incomplete. Follow-up testing for HIV antibodies and HIV-1 RNA is recommended as soon as possible.</b>

*\*Provider case reporting required:* Under New York State public health law, medical providers are required to report to the NYSDOH cases of HIV infection, HIV-related illness, AIDS and, for newly diagnosed cases, the names of all contacts known to the provide using the NYS Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF) (DOH-4189 revised 8/05) **within 14 days of diagnosis**. Please contact the NYSDOH at (518) 474-4284 for additional information and reporting forms. In New York City, contact NYCDOHMH at 212-442-3388.

## Window Period for HIV Infection: Questions and Answers

### New York State Recommendations for HIV Testing and Re-testing

#### What is the Window Period?

When a person becomes infected, HIV multiplies in the blood and the body develops antibodies against the virus. HIV has most commonly been diagnosed in adolescents and adults using tests that detect antibodies. However, newer tests can detect both antibodies to HIV and certain proteins of the virus itself.

The “window period” is the length of time after infection that it takes for the virus to become detectable by HIV diagnostic tests. The length of the window period varies depending on the type of diagnostic test used and the method it employs to detect the virus.

The window period varies slightly from person to person. It is extremely rare for an HIV-infected person not to develop antibodies by 3 months after a potential exposure. A person who tests negative for HIV antibodies 3 months after an exposure does not require further testing unless he or she has had repeated exposures to HIV or if the antibody test results are incompatible with the person’s clinical history.

*It is important to know the HIV test(s) your agency or lab uses so you can provide patients with the best advice.*

#### How soon after exposure to HIV can tests detect the virus?

Even among antibody tests, the window period varies. The so-called “**first-generation**” and “**second-generation**” HIV antibody tests detect one type of HIV antibody. On average, they can detect antibodies **42-60 days** after infection.

**Third-generation tests** detect all types of antibodies, which makes them more sensitive than the first-generation and second-generation tests. These assays can detect antibodies about **21-24 days** after infection.

**Fourth-generation tests** can simultaneously detect both HIV antibodies and antigens. Tests that look for the **p24 antigen** can detect it within **14-15 days**. Tests can detect **plasma HIV RNA** (ribonucleic acid) within about **10 days** of infection.

For clinical guidelines on using HIV diagnostic tests, see [Diagnostic, Monitoring, and Resistance Laboratory Tests for HIV](#).

### **What is acute HIV infection and can it be detected by HIV antibody tests?**

Acute HIV infection is the very early, initial stage of HIV infection when the virus is multiplying rapidly and the body has not yet developed antibodies to fight it. Symptoms of acute HIV infection include fever, fatigue or malaise, joint pain, headache, loss of appetite, rash, night sweats, myalgias, nausea or diarrhea, and pharyngitis. These symptoms can be very similar to flu symptoms. HIV antibody tests generally will not detect HIV infection during this early acute stage of infection; however, fourth-generation tests, which detect both antigens and antibodies, can be used to detect acute infection. Traditional tests used to confirm HIV antibody test results such as the Western blot cannot be used to confirm acute infection — rather, tests that can detect HIV RNA (viral load tests) need to be used.

***Clinicians should obtain a plasma HIV RNA assay to exclude HIV infection when there is a discrepancy between an HIV screening test and an HIV confirmatory test, such as the Western blot.***

If a patient presents with acute HIV symptoms and your facility offers only antibody testing:

- A preliminary positive antibody test for HIV infection should be followed with both a test to confirm antibodies and a HIV viral load test. If antibodies are not confirmed but RNA is detected, this indicates early-stage HIV infection.
- A negative antibody test must be followed with a viral load test if acute infection is suspected. If RNA is detected, it is likely that acute infection is present. Repeat the RNA (viral load) test to confirm this result. If RNA is not detected, no further testing is needed.

If a patient presents with acute HIV symptoms and your facility has fourth-generation antigen/antibody tests or viral load tests:

- A negative test result on an antigen/antibody test indicates that no infection was detected. There is no need for additional testing unless exposure was very recent and acute infection is strongly suspected. In this case, an RNA (viral load) test may be needed to exclude infection or you could repeat the antigen/antibody test in 5-7 days.
- A positive result on an antigen/antibody test may indicate acute infection. If antibodies are not confirmed and RNA is detected on a viral load test, the patient has acute HIV.
- A positive result on an antigen/antibody test together with a positive result on a confirmatory antibody test indicates the patient has established HIV infection beyond the acute HIV phase.

For more information, see [\*Diagnosis and Management of Acute HIV Infection.\*](#)

### **Why is it so important to diagnose infection during the acute HIV phase?**

In most infected persons, HIV viral load increases quickly from the time of exposure, peaks about 3 weeks later, then declines over the next several months. A patient is most infectious during this acute phase because of the high viral load levels.

Tests that measure both antibodies and viral p24 antigens can detect HIV within 10-17 days of infection. Tests for acute HIV infection can identify recently infected persons so they can begin antiretroviral drug treatment when their viral load is highest.

If a pregnant patient is suspected to have acute HIV infection, consult with a provider who has expertise diagnosing and evaluating acute HIV infection. Earlier diagnosis and treatment can help reduce the risk of mother-to-child transmission. Clinicians who need support from a provider with experience in acute HIV infection may call the CEI Line at 1-866-637-2342.

For more information, see [Acute HIV Infection in Pregnancy](#).

### **What is the post-exposure protocol for persons who report an exposure?**

If a patient reports a possible exposure to HIV, the patient should be evaluated immediately for post-exposure prophylaxis (PEP). When PEP is begun immediately after an exposure, it can prevent HIV infection. Ideally, it should be initiated within 2 hours of the exposure. PEP is most likely to prevent infection when initiated within 24 to 36 hours of exposure.

Decisions about starting PEP beyond 36 hours post-exposure should be made jointly by the clinician and the patient, with the understanding that PEP will have lower efficacy the longer it is delayed. There is no arbitrary time period, post-exposure, after which PEP should not be given. NYS protocols recommend testing at baseline, 1 month, and 3 months post-exposure. For persons with continued high-risk behaviors, routine testing should be performed every 3 months. See [HIV Prophylaxis Following Occupational Exposure](#) and [HIV Prophylaxis Following Non-Occupational Exposure Including Sexual Assault](#).

### **What are the recommendations for routine HIV testing of all adults?**

The NYSDOH, the U.S. Centers for Disease Control and Prevention, and the U.S. Preventive Services Task Force recommend offering HIV testing to all adults as a routine part of health care — not just to those who engage in risk behaviors.

New York State law requires that all persons between the ages of 13 and 64 be offered an HIV test at least once. The law also requires healthcare providers to offer an HIV test to any person, regardless of age, if there is evidence of risk activity. Testing should be offered annually to persons whose behavior indicates elevated risk, such as sexual or drug use activity.

#### ***For individuals with ongoing high-risk behavior:***

Clinicians should recommend testing every 3 months for patients with high risk behaviors, such as unprotected anal sex or multiple or anonymous sexual partners or needle-sharing partners. In these cases, the function of testing is to ensure early access to care in the event the patient becomes infected and to prevent transmission to others.

For high-risk patients, the focus should be on continued education, behavioral counseling, and harm reduction. Risk-reduction counseling should include education about safer sex practices, condom use, safer injection practices, referral to syringe exchange programs, and drug treatment services.

Pre-exposure prophylaxis (PrEP) should be considered for these individuals. See the CDC interim guidance documents for use of PrEP in men who have sex with men (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a1.htm>) and in heterosexually active adults (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a2.htm>).

Since many people with high-risk behaviors choose not to disclose their risks, providers should consider adopting a low threshold for recommending the test.

For more information about New York State requirements for HIV testing, please visit: <http://www.health.ny.gov/diseases/aids/testing/index.htm>

### **Further Reading**

The following are articles from the medical literature on HIV testing and the window period (listed chronologically):

Update on HIV Diagnostic Testing Algorithms. *J Clin Virol*. 2011 Dec (Suppl 1): S1-S90. [http://www.journalofclinicalvirology.com/issues?issue\\_key=S1386-6532%2811%29X0012-4#](http://www.journalofclinicalvirology.com/issues?issue_key=S1386-6532%2811%29X0012-4#).

Medical Care Criteria Committee. [Diagnostic, Monitoring, and Resistance Tests for HIV](#). New York State Department of Health AIDS Institute. Updated February 2011: <http://www.hivguidelines.org/clinical-guidelines/adults/diagnostic-monitoring-and-resistance-laboratory-tests-for-hiv>.

Patel P, Mackellar D, Simmons P, et al. Detecting acute immunodeficiency virus infection using 3 different screening immunoassays and nucleic acid amplification testing for human immunodeficiency virus RNA, 2006-2008. *Arch Intern Med*. 2010 Jan 11;170(1):66-74. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965267>.

Pandori MW, Hackett J Jr, Louie B, et al. Assessment of the ability of a fourth-generation immunoassay for human immunodeficiency virus (HIV) antibody and p24 antigen to detect both acute and recent HIV infections in a high-risk setting. *J Clin Microbiol*. 2009;47:2639-2642. <http://www.ncbi.nlm.nih.gov/m/pubmed/19535523>.

Owen SM, Yang C, Spira T. et al. Alternative algorithms for human immunodeficiency virus infection diagnosis using tests that are licensed in the United States. *J Clin Microbiol*. 2008 May; 46(5):1588-1595. <http://www.ncbi.nlm.nih.gov/pubmed/18322061>.

Stekler J, Maenza J, Stevens CE, et al. Screening for acute HIV infection: Lessons learned. *Clin Infect Dis*. 2007;44:459-461. <http://www.ncbi.nlm.nih.gov/pubmed/17205460>.

Patel P, Klausner JD, Bacon OM, et al. Detection of acute HIV infections in high-risk patients in California. *J Acquir Immune Defic Syndr*. 2006;42:75-79. <http://www.ncbi.nlm.nih.gov/pubmed/16763493>.

Branson BM, Handsfield HH, Lampe MA, et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings CDC Testing 2006. *Morb Mortal Wkly Rep MMWR*. 2006;55(RR-14):1-17:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

Speers D, Phillips P, Dyer J. Combination assay detecting both human immunodeficiency virus (HIV) p24 antigen and anti-HIV antibodies opens a second diagnostic window. *J Clin Microbiol*. 2005 Oct;43(10):5397-9. <http://www.ncbi.nlm.nih.gov/pubmed/16208030>.

## Say Yes to the HIV Test: Brochure Printing Directions

### **Brochure Printing Directions:**

The *Say Yes to the HIV Test* brochure can be printed on letter size paper. In the print dialogue box, enter the page range for the brochure. Select "fit to printable size" in the page scaling drop down menu and then print the desired number of copies.

### **Placing an Order:**

The brochure is available for order through the New York State Material Distribution Center. Orders can be placed at <http://www.health.ny.gov/diseases/aids/publications/>

Say **yes** to the HIV test.



We're **asking** everyone.  
It's the law.

[health.ny.gov/aids](http://health.ny.gov/aids)  
[nyc.gov/health](http://nyc.gov/health)

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[youtube.com/NYSDOH](https://youtube.com/NYSDOH)



New York State Department of Health  
New York City Department of Health and Mental Hygiene

### **Key Facts to Know Before Getting an HIV Test:**

- HIV is the virus that causes AIDS. It can be spread through unprotected sex (anal, vaginal, or oral sex) with someone who has HIV, contact with HIV-infected blood by sharing needles (piercing, tattooing, drug equipment, including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or by breastfeeding.
- There are treatments for HIV/AIDS that can help a person stay healthy.
- People with HIV/AIDS can use safe practices to protect others from becoming infected. Safe practices also protect people with HIV/AIDS from being infected with different strains of HIV.
- Testing is voluntary and can be done at a public testing center without giving your name (anonymous testing).
- By law, HIV test results and other related information are kept confidential (private).
- Discrimination based on a person's HIV status is illegal. People who are discriminated against can get help.
- Consent for HIV-related testing remains in effect until it is withdrawn verbally or in writing. If the consent was given for a specific period of time, the consent applies to that time period only. You may withdraw your consent at any time.

### **HIV testing is especially important for pregnant women.**

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

## **If you test positive for HIV:**

### **Your tester will schedule, with your permission, a follow-up appointment with a health care provider.**

- If you test positive for HIV, every effort will be made to link you directly to primary care, prevention, support and partner services.
- It is not enough for a tester to give you contact information for a Designated AIDS Center (DAC) or an HIV experienced provider. They must actively link you to primary care.
- The health care professional who conducted the test must schedule, with your permission, a follow-up medical appointment for HIV care. The appointment is voluntary.

### **Your health provider will talk with you about notifying your sex partners or needle-sharing partners.**

- Your partners need to know that they may have been exposed to HIV so they can get tested and treated if they have HIV.
- If you are uncomfortable notifying your partners on your own, your health care provider can notify them (either with you or without you present).
- Health Department Counselors (Partner Services Specialists) can also help notify your partners without ever telling them your name.
- If your health care provider knows the name of your spouse or other partner, he or she must report the name to the Health Department.
- To ensure your safety, the Partner Services Specialist or your health care provider will ask you questions about the risk of domestic violence for each partner to be notified.
- If there is any risk, the Partner Services Specialist or your health care provider will not notify partners right away and will assist you in getting help.

### **If you test negative for HIV, the health provider giving you the negative test result will share the following important information with you:**

If you received a negative HIV antibody test result, this almost always means you are not infected with HIV. However, you should understand what an HIV test result means and that you may need to be re-tested.

## **Why you may need to be re-tested for HIV.**

The period between the time of exposure and the time that a test can detect HIV infection is called the "window period." During this period, an infected person has HIV and can pass it to other people, even if his or her HIV test is negative. If you engaged in any risk behaviors for HIV during the three months prior to your HIV test, you should be tested again three months after your last possible exposure. Your provider will answer any questions you may have about re-testing.

### **You still have to protect yourself from HIV infection.**

Even though you tested negative for HIV, keep protecting yourself from HIV infection. Do not have unprotected sex or share needles, syringes, or other drug injection equipment with anyone who has HIV or whose HIV status you don't know. Do not share needles for ear piercing, body piercing or tattooing. You could get HIV if someone with HIV used the needle before you.

### **If you have sex:**

- Use a latex male condom or a female condom. Condoms work to prevent HIV if you use them the right way, every time you have sex. You can buy condoms at grocery stores, drugstores and online. In New York City, condoms are free at certain stores, businesses, community organizations and clinics. For a list of participating organizations, go to [nyc.gov/condoms](http://nyc.gov/condoms).

### **If you shoot drugs:**

- Use new needles and equipment each time you shoot up.
- Never share needles, syringes or works.
- Never buy needles on the street, even if they look new.
- If you are 18 or older, you can buy new needles at many drugstores.
- Syringe exchange programs provide needles free of charge. See 'More Information and Help' to find out more about syringe service programs in NYC and NYS.

If you are drunk or high, you are less likely to think about protecting yourself and others from HIV. Using any drug lowers your ability to make decisions about safer sex and using clean needles and works.

## More Information and Help:

### **New York State Department of Health Website:**

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

### **New York State HIV/AIDS Hotlines (Toll-Free):**

English: 1-800-541-AIDS

Spanish: 1-800-233-SIDA

TDD: 1-800-369-2437

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

### **Free, Anonymous Testing:**

For HIV information, referrals or information on how to obtain a FREE HIV test without having to give your name and without waiting for an appointment, call the regional program closest to the county you live in:

Capital District Region Anonymous HIV Testing Program: 1-800-962-5065

Western Region (Buffalo Area) Anonymous HIV Testing Program: 1-800-962-5064

Lower Hudson Valley Region Anonymous HIV Testing Program: 1-800-828-0064

Western Region (Rochester Area) Anonymous HIV Testing Program: 1-800-962-5063

Long Island (Suffolk/Nassau) Region Anonymous HIV Testing Program: 1-800-462-6786

Central New York Region Anonymous HIV Testing Program: 1-800-562-9423

**New York City: 311 for Information on DOHMH STD Clinics**

### **New York City HIV/AIDS Hotline:**

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

### **National Centers for Disease Control STD Hotlines:**

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

### **New York State HIV/AIDS Counseling Hotline:**

1-800-872-2777

### **New York State Partner Services:**

1-800-541-AIDS

### **New York City Contact Notification Assistance Program:**

1-212-693-1419

### **Confidentiality:**

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

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

### **Expanded Syringe Access Program (ESAP):**

English: 1-800-541-2437

Spanish: 1-800-233-7432

### **Human Rights/Discrimination:**

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

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

**Acepte** la prueba del VIH.



**Si**

**Estamos ofreciéndosela a todos.**  
**Es la ley.**

## **Información importante que debe saberse antes de hacerse la prueba del VIH:**

- El VIH es el virus que causa el SIDA. Puede transmitirse por contacto sexual sin protección (anal, vaginal u oral) con alguien que tenga el VIH, por contacto con sangre infectada con el VIH cuando se comparten agujas (para perforarse [piercing] o tatuarse el cuerpo, utensilios para drogarse, incluso las agujas) o las mujeres embarazadas infectadas con el VIH pueden contagiar a sus bebés durante el embarazo, el parto o la lactancia.
- Hay tratamientos para el VIH/SIDA que pueden ayudar a una persona a mantenerse saludable.
- Las personas con VIH/SIDA pueden usar prácticas seguras para prevenir que los demás se contagien. Las prácticas seguras también previenen que las personas con VIH/SIDA se infecten de diferentes cepas del VIH.
- El análisis es voluntario y puede hacerse en un centro de análisis público sin dar el nombre (análisis anónimo).
- La ley exige que los resultados de los análisis del VIH y toda información relacionada sean confidenciales (privados).
- La discriminación contra una persona según su estado con respecto al VIH, es ilegal. Quienes sean discriminados pueden obtener ayuda.
- La autorización para los análisis relacionados con el VIH sigue vigente hasta que sea retirada en forma oral o escrita. Si la autorización fuera dada para un período específico, ésta corresponderá solamente a ese período. Usted podrá retirar su autorización en cualquier momento.

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

- La mujer infectada puede transmitir el VIH al bebé durante el embarazo, el parto o la lactancia.
- Es mucho mejor saber si está infectada con el VIH antes o al principio del embarazo para poder decidir sobre su salud y la de su bebé.
- Si está embarazada y tiene el VIH, puede aceptar el tratamiento para usted y para evitar transmitir a su bebé con el VIH. Si tiene el VIH y no recibe tratamiento, la probabilidad de infectar a su bebé con el VIH es del 25%. Si recibe tratamiento, esta probabilidad es mucho menor.
- Si no se hace la prueba durante el embarazo, el médico le recomendará hacérselo durante el parto. En todos los casos, a su bebé le harán la prueba después del nacimiento. Si el resultado de la prueba de su bebé es positivo, quiere decir que usted tiene el VIH y que su bebé ha estado expuesto al virus.

## **Si el resultado de su prueba del VIH es positivo:**

### **Quien le haga el análisis programará, con su permiso, una visita de seguimiento con un profesional médico.**

- Si el resultado de la prueba del VIH es positivo, se hará todo lo posible para conectarle directamente con los servicios de un médico experto, prevención, apoyo y servicios para parejas.
- Quien le haga el análisis no sólo le dará los datos para que se comunique con un Centro designado para el SIDA (DAC, por sus siglas en inglés) o un profesional médico con experiencia en el VIH, sino que deberá vincularle activamente con un médico experto.
- El profesional médico que hizo el análisis debe programar, con su permiso, una cita médica de seguimiento para tratar el VIH. La visita es voluntaria.

### **Su proveedor de servicios médicos hablará con usted respecto de informar a sus parejas sexuales o personas con quienes comparta agujas.**

- Sus parejas deben saber que pueden haber estado expuestas al VIH para poder someterse a la prueba y obtener tratamiento (si tienen el VIH).
- Si le resulta incómodo informárselo usted, su proveedor de servicios médicos puede hacerlo (usted podrá o no estar presente).
- Los asesores del Departamento de Salud (Especialistas en servicios para parejas) también pueden informar a sus parejas sin mencionarles su nombre.
- Si su proveedor de servicios médicos sabe el nombre de su conyuge o el esposo(a) de otra pareja, deberá informárselo al Departamento de Salud.
- Para garantizar su seguridad, el Especialista en servicios para parejas o su proveedor de servicios médicos le hará preguntas sobre el riesgo de sufrir violencia en el hogar en el caso de cada pareja que deba ser informada.
- Si existiera algún riesgo, el Especialista en servicios para parejas o su proveedor de servicios médicos no informará a las parejas enseguida y lo ayudará a usted a obtener ayuda.

### **Si el resultado de su prueba del VIH es negativo, el proveedor de servicios médicos que le entregue ese resultado compartirá la siguiente información importante con usted:**

Si recibió un resultado negativo de anticuerpos contra el VIH, esto casi siempre implica que usted no está infectado con el VIH. Sin embargo, debe comprender lo que significa el resultado de la prueba del VIH y que tal vez deba volver a hacerse la prueba.

## ¿Por qué es posible que deba volver a hacerse la prueba del VIH?

El intervalo entre el momento del infectar y el momento en el que la prueba puede detectar la infección por el VIH se llama “período de ventana”. Durante este período, una persona infectada con el VIH y puede transmitírselo a otras personas, aunque su la prueba del VIH haya dado negativo. Si usted ha tenido conductas de riesgo de infección del VIH durante los tres meses anteriores a su prueba del VIH, deberá volver a hacerse la prueba tres meses después de la última vez que estuvo expuesto. Su proveedor de servicios médicos responderá a todas las dudas que podría tener sobre la repetición de la prueba.

## De todos modos, debe seguir cuidándose de no contagiarse con el VIH.

Aunque el resultado de su prueba del VIH fuera negativo, debe seguir cuidándose de no infectarse con el VIH. No tenga relaciones sexuales sin protección ni comparta agujas, jeringuillas ni otros utensilios para drogarse con alguien que tenga VIH o que usted no sepa si está o no está infectado. No comparta agujas para perforarse las orejas o el cuerpo o para hacerse tatuajes. Podría infectarse con el VIH si alguien que tiene el virus usa la aguja antes que usted.

### Si tiene relaciones sexuales:

Use un condón de látex para hombre o mujer. Los condones sirven para prevenir la transmisión del VIH si los usa correctamente cada vez que tiene relaciones sexuales. Los condones se pueden comprar en tiendas de comestibles y farmacias y por el Internet. En la ciudad de Nueva York, los condones son gratis en ciertas tiendas, empresas, organizaciones comunitarias y clínicas. Para obtener una lista de las organizaciones que participan, visite [nyc.gov/condoms](http://nyc.gov/condoms).

### Si usted se inyecta drogas:

- Use agujas o utensilios nuevos cada vez que se inyecte.
- Nunca comparta agujas, jeringuillas ni accesorios.
- Nunca compre agujas en la calle, aunque parezcan nuevas.
- Si tiene 18 años o más, podrá comprar agujas nuevas en muchas farmacias.
- Los programas de intercambio de jeringuillas suministran agujas gratis. Consulte ‘Más Información y Ayuda’ para seguir averiguando sobre los programas de servicios de jeringuillas en la ciudad y el estado de Nueva York.

Si usted está ebrio o drogado, no está en condiciones de pensar en su propia protección contra el VIH ni en la de los demás. Todas las drogas disminuyen su capacidad de tomar decisiones sensatas en cuanto a actividades sexuales más seguras y al uso de agujas y otros accesorios no contaminados.

## **Más información y ayuda:**

### **Sitio en Internet del Departamento de Salud del Estado de Nueva York:**

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

### **Líneas directas (gratuitas) de información sobre el VIH/SIDA del estado de Nueva York:**

Inglés: 1-800-541-AIDS

Español: 1-800-233-SIDA

TDD: 1-800-369-2437

Para las llamadas de voz, puede usar el Sistema de Retransmisión de Nueva York: llame al 711 o al 1-800-421-1220 y pida a la operadora que marque el 1-800-541-2437.

### **Prueba gratis y anónima:**

Para obtener información sobre el VIH, remisiones o información sobre cómo hacerse las pruebas de detección GRATUITAS del VIH sin tener que dar su nombre y sin esperar hasta una cita, llame al programa regional más cercano al condado donde vive:

Programa de prueba anónima del VIH de la región de la capital del distrito:  
1-800-962-5065

Programa de prueba anónima del VIH de la región occidental (Zona de Buffalo):  
1-800-962-5064

Programa de prueba anónima del VIH de la Región de Lower Hudson Valley:  
1-800-828-0064

Programa de prueba anónima del VIH de la región occidental (Zona de Rochester):  
1-800-962-5063

Programa de prueba anónima del VIH anónimo de Long Island (Suffolk/Nassau):  
1-800-462-6786

Programa de prueba anónima del VIH de la región central de Nueva York:  
1-800-562-9423

**Ciudad de Nueva York: llame al 311 para recibir información sobre clínicas de ETS del DOHMH**

## **Más información y ayuda:**

### **Línea directa de la ciudad de Nueva York para el VIH/SIDA**

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

### **Líneas directas sobre ETS de los Centros Nacionales para el Control y la Prevención de Enfermedades (CDC):**

En inglés y español 1-800-232-4636, TTY 1-888-232-6348

### **Línea directa de asesoramiento sobre el VIH/SIDA del estado de Nueva York:**

1-800-872-2777

### **Servicios para parejas en el estado de Nueva York:**

1-800-541-AIDS

### **Programa de ayuda para notificación de contactos de la ciudad de Nueva York:**

1-212-693-1419

### **Confidencialidad:**

Línea Directa de Confidencialidad del Estado de Nueva York 1-800-962-5065

Centro de Acción Legal: 1-212-243-1313 o 1-800-223-4044

### **Programa de Mayor Acceso a las Jeringuillas (ESAP):**

Inglés: 1-800-541-2437

Español: 1-800-233-7432

### **Derechos humanos/Discriminación:**

División de Derechos Humanos del Estado de Nueva York: 1-718-741-8400

Comisión de Derechos Humanos de la Ciudad de Nueva York: 1-212-306-7500

**health.ny.gov/aids  
nyc.gov/health**

Síganos en:  
health.ny.gov  
facebook.com/NYSDOH  
twitter.com/HealthNYGov  
youtube.com/NYSDOH



Departamento de Salud del Estado de Nueva York  
Departamento de Salud e Higiene Mental de la Ciudad de Nueva York

## Say Yes to the HIV Test: Poster Printing Directions

### **Poster Printing Directions:**

The *Say Yes to the HIV Test* poster may be printed on either letter or legal size paper. Select "current page" in the dialogue box and then select "fit to printable size". To print on legal size paper, select "properties" then "advanced" on the next screen. Select "legal" in the paper size drop down menu.

### **Placing an Order:**

The poster is also available in an 11" x 17" format from the New York State Material Distribution Center. Orders can be placed at <http://www.health.ny.gov/diseases/aids/publications/>



**YES**

# Say **yes** to the HIV test.

- By law, health care providers must offer an HIV test to all patients aged 13–64.
- Testing is voluntary and all HIV test results are confidential (private).
- Anonymous HIV testing (without giving your name) is available at certain public testing sites.
- You may withdraw your consent at any time—either verbally or in writing.
- It is illegal to discriminate against anyone because of his or her HIV status.
- If you test positive, you can get treatment for HIV/AIDS to help you stay healthy and live longer.
- HIV, the virus that causes AIDS, can be spread through unprotected sex, sharing needles, childbirth or by breastfeeding.
- People living with HIV/AIDS can use safe practices to protect others from becoming infected.

## We're **asking** everyone. It's the law.

[health.ny.gov/aids](http://health.ny.gov/aids)  
[nyc.gov](http://nyc.gov) (Search for 'hiv testing')



# Sí

## Diga sí a la prueba del VIH.

- La ley exige a los profesionales de la salud ofrecer a todos los pacientes de 13 a 64 años la prueba del VIH.
- La prueba es voluntaria y todos los resultados de la prueba del VIH son confidenciales (privados).
- La prueba del VIH anónima (sin dar su nombre) esta disponible en ciertos lugares publicos para tal fin.
- Usted podrá retirar su autorización en cualquier momento en forma oral o escrita.
- Es ilegal discriminar contra una persona debido su estado de salud con respecto al VIH.
- Si el resultado de la prueba del VIH es positiva, podrá recibir tratamiento contra el VIH/SIDA para mantenerse y vivir más tiempo saludable.
- El VIH, el virus que causa el SIDA, puede transmitirse por contacto sexual sin protección, cuando se comparten agujas, durante el parto o durante la lactancia.
- Las personas que viven con el VIH/SIDA pueden usar prácticas seguras para evitar que los demás se contagien.

**Estamos ofreciéndosela a todos.**  
**Es la ley.**

**[health.ny.gov/aids](http://health.ny.gov/aids)**  
**[nyc.gov](http://nyc.gov) (Busque 'HIV testing', prueba del VIH)**

## An HIV test...

- Is the only way to learn if you have been infected with HIV.
- Comes in several different types: blood or oral, traditional or rapid. All are equally accurate.
- Checks for antibodies that the body makes a few weeks after infection to fight HIV.
- Is confidential and private.
- Is available to young people without parental permission. Talk to your parents if you can.

## What is HIV?

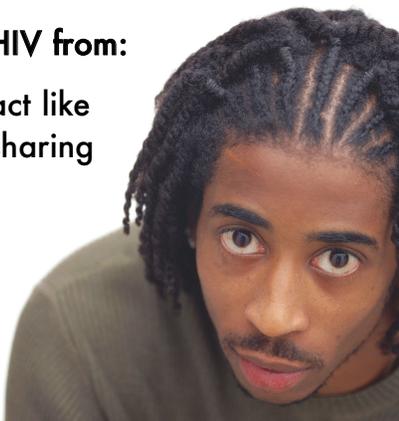
HIV is the virus that causes AIDS by weakening the immune system. HIV lives in blood and body fluids like semen, vaginal fluids and breast milk.

### You can get HIV from:

- Having sex without using condoms.
- Sharing needles.

### You can't get HIV from:

- Casual contact like hugging or sharing utensils.



**HIV testing should be a routine part of everyone's medical care. New York law requires health care providers to offer you the test.**

Some people don't get tested because they're embarrassed, nervous or think HIV could never happen to them. Others wait until their doctor brings it up. Don't be one of those people.

Learning your HIV status can be a big relief if you are HIV negative or the chance to get life saving care if you are HIV positive.

**An HIV test can save your life. Get tested, ACT today!**

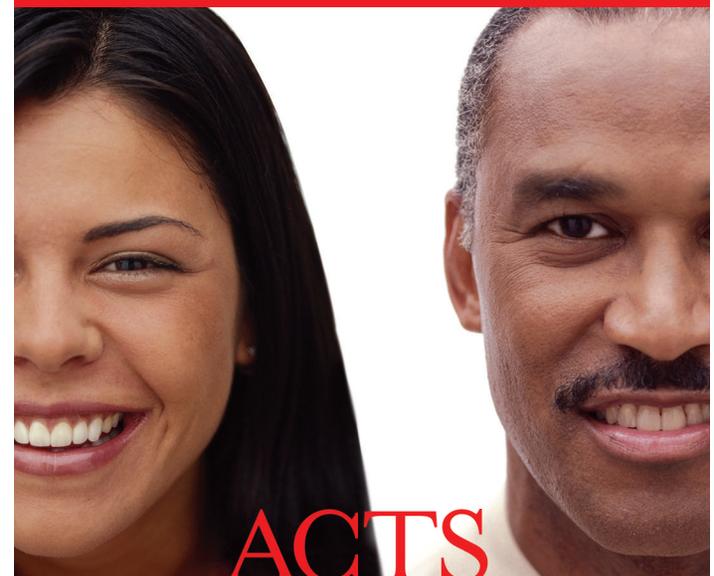
Talk to your health care provider or call 1-800-342-AIDS. Your provider's contact information:



Adolescent AIDS Program  
Montefiore Medical Center  
Bronx, New York  
[AdolescentAIDS.org](http://AdolescentAIDS.org)



**HIV  
TESTING IS FOR  
EVERYONE**



**ACTS**  
GET TESTED. ACT TODAY.

## ACTS steps for HIV Testing

### **A** Ask for a test or Accept if your provider offers it.

You can get tested on the same day as your visit.



### **C** Consent to the test.

Giving your consent (verbally or written) means you agree to take the test.

### **T** Take the test.

An HIV test is quick and simple. You will either be offered a blood test or a rapid oral test. With rapid tests, you can get your results in minutes. With blood tests, your results are ready in a week or less.

### **S** Support and information will be given whether you test negative or positive.

If you don't find out your results, you can't learn how to keep yourself healthy.

### What should I do if I test negative?

A negative test means that you are not infected with HIV at this time.

- Learn how to stay negative.
- Retest every year or sooner if you have unsafe sex, a new partner, an STD, get pregnant or use IV drugs.
- If you were recently exposed to HIV, ask if you need "viral testing".

### What should I do if I test positive?

A positive test means that you are infected with HIV.

- You are not alone. Care is available that can help you live a healthy life.
- Medicines are more powerful and easier to take than ever. Your health care team and you will decide your best treatment plan. Stick to it!
- HIV can be transmitted through sex and blood. Protect yourself from reinfection and your partner(s) from getting your HIV. If pregnant, ask how to protect your baby from HIV.
- If you feel safe, tell your partner(s) you are HIV-positive and encourage them to get tested.

### How can I prevent HIV?

1. Choose not to have sex (abstain).
2. Be faithful to one person or have sex with fewer partners.
3. Use a condom correctly every time you have vaginal or anal sex.
4. Enjoy other types of low/no risk sex like kissing, touching, etc.
5. Do not share needles and works.
6. Get tested for HIV and other STDs, and ask your partners to do the same.

### Will anyone else know the results?

HIV testing is confidential, which means that only you and your health care team know you took the test. Your HIV test results and all medical records are protected by privacy laws. Positive tests are reported to the health department and they also protect your privacy.

Anonymous testing is available. To find out where, call 1-800-342-AIDS.



# Information for Parents About HIV Testing for Teenagers

Beginning in September of 2011, New York State Law requires health care providers to offer HIV testing to all patients aged 13-64. To comply with the law, medical practices now offer HIV testing to all patients who are thirteen years of age and older. However, HIV testing is voluntary and will only be performed with patient consent. HIV testing includes providing your teenager with information about HIV, including how it is spread and that abstinence is a sure way to avoid getting HIV.

## Why offer HIV testing to teenagers?

Thousands of New Yorkers are unaware that they are living with HIV. 18% of all new cases of HIV in NY in 2009 occurred among 13-24 year olds. The only way to know if a person is infected is to be tested.

The American Academy of Pediatrics recommends routine HIV testing for adolescents.  
New York State Law mandates the offer of an HIV test to all individuals aged 13-64.

## Key Facts About Adolescence:

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

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

## Common Questions Parents Have About HIV Testing

### As a parent, don't I have to consent to my child's HIV test if he or she is a minor (under 18)?

New York State Law allows for individuals to consent to an HIV test regardless of age, meaning that teenagers can generally consent to their own HIV test. If a health care provider has specific concerns about your son or daughter's ability to understand the nature and consequences of the HIV test, the provider will talk with you about HIV testing.

Will I be told the result of my minor child's HIV test?	Will I be able to find out what my child told the provider?	Will my insurance be billed for my child's HIV test?
Minors have the capacity to consent to an HIV test but they are not legally able to consent to complex medical care, unless married, pregnant or parenting. If the result is positive, the health care provider will work with your minor child to develop a plan for involving you in HIV medical care decisions.	It is important to respect the relationship between your teenager and the health care provider. Information that your teenager shares with the provider is considered confidential. However, the appointment can also include time for you to bring up any concerns or questions with the provider and your teenager.	Yes. If your insurance covers the HIV test the office will submit a bill for payment. Parents are responsible for any required co-pays. If you are concerned about payment, the office can provide you with information about how to access free HIV testing.

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

## GENERAL QUESTIONS

### Why was the release form revised?

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

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

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

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

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

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

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

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

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

### How should this form be printed?

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

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

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

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

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

Sample re-disclosure language could include:

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

## **COMPLETING THE FORM - Page 1:**

Allows the client to specify the following:

### *I consent to disclosure of:*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Signature and Date:**

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

**Client/Patient Number:**

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

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

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

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

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

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

Name and address of facility/person disclosing HIV-related information: _____ _____
Name of person whose information will be released: _____
Name and address of person signing this form (if other than above): _____ _____
Relationship to person whose information will be released: _____ _____
Describe information to be released: _____
Reason for release of information: _____
Time Period During Which Release of Information is Authorized: From: _____ To: _____
Exceptions to the right to revoke consent, if any: _____ _____
Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits (Note: Federal privacy regulations may restrict some consequences): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If legal representative, indicate relationship to subject:

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

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

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

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

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

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

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

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

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

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

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

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

---

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

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---

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

---

---

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

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

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

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



## **Technical Assistance Bulletin:**

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

### **General Questions**

#### Why was a “combined” release form created?

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

#### Does the new form replace other release forms?

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

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

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

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

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

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

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

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

### **Completing the Form**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#10. Authority to sign on behalf of patient:

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

Signature of Patient or Representative Authorized by Law and Date:

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

Witness Statement/Signature:

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

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

NEW YORK STATE DEPARTMENT OF HEALTH

Patient Name	Date of Birth	Patient Identification Number
Patient Address		

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

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

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

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

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7. Purpose for Release of Information:

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8. Unless previously revoked by me, the specific information below may be disclosed from: \_\_\_\_\_ until \_\_\_\_\_  
INSERT START DATE INSERT EXPIRATION DATE OR EVENT

All health information (written and oral), except:

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

- Records from alcohol/drug treatment programs
- Clinical records from mental health programs\*
- HIV/AIDS-related Information

Information to be Disclosed	Initials

9. If not the patient, name of person signing form:	10. Authority to sign on behalf of patient:
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All items on this form have been completed, my questions about this form have been answered and I have been provided a copy of the form.

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

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

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

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

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

# Coding guide for routine HIV testing in health care settings

## Background

In September of 2006, CDC issued recommendations for Human immunodeficiency virus (HIV) testing in health care settings. The *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* (Morbidity and Mortality Weekly Report, 2006) encourages HIV testing as a routine part of medical care. For patients in all health care settings, there are four key differences from previously published CDC recommendations:

- **HIV screening**—another term for testing without regard to risk—is recommended for patients ages 13 to 64 in all health care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- **HIV re-testing** of people at high risk for HIV infection is recommended at least once a year.
- **Consent for screening** should be considered to be part of the general consent for medical care, as it is for other non-invasive diagnostic and screening tests. Separate written informed consent for an HIV test is not recommended.
- **Prevention counseling** should not be required with HIV diagnostic testing or in conjunction with HIV screening programs in health care settings.

*Laws in states differ regarding counseling and consent requirements; Check your state laws and policies (see Resources section).*

Data suggest that targeted testing on the basis of risk behaviors fails to identify a substantial number of persons who are HIV-infected. Many persons, including persons with HIV infection, do not perceive themselves to be at risk for HIV or may not disclose their risks. Routine voluntary HIV testing may reduce the stigma associated with risk-based screening. More patients accept HIV testing when it is offered routinely to

everyone, instead of to selected persons based on a risk assessment. As a health care provider, routine voluntary HIV screening should be separate from identifying and providing counseling for behaviors that may adversely affect sexual health.

HIV infection meets all generally accepted criteria that justify screening: (1) HIV infection is a serious health disorder that can be diagnosed before symptoms develop; (2) HIV can be detected by reliable, inexpensive, and noninvasive screening tests; (3) infected patients have years of life to gain if treatment is initiated early, before symptoms develop; and (4) the costs of screening are reasonable in relation to the anticipated benefits.

Routine HIV screening is a first step. Linking patients with HIV infection to care, treatment and prevention services is the desired outcome. Providers who do not themselves provide HIV care should arrange for referrals to care programs with the capacity to take on new patients.

## 2010 status of testing and reimbursement

With current CDC recommendations on routine testing and the move toward HIV testing as a routine part of care, more providers may use rapid test kits. Several of these are CLIA-waived and suitable for physician office laboratories. To obtain reimbursement for performing a rapid HIV test, providers can add Modifier “92” for “**Alternative Laboratory Platform Testing**” to the usual laboratory procedure CPT code for the type of HIV test (HIV-1 or HIV-1/2). The following is the CPT guidance for use of this modifier:

“When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701-86703).”

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The test does not require permanent dedicated space; hence, by its design, it may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of testing is not in itself determinative of the use of this modifier.

### Example 1

A private practice physician sees a 20-year-old single male for his annual physical before his senior year of college. The patient, who is not an established patient, has had multiple sexual partners, both male and female. The physician performs the HIV rapid test. To bill use:

#### • ICD-9-CM diagnosis codes<sup>1</sup>

1. **V70.0** routine general medical examination
2. **V73.89** Special screening for other specified viral diseases  
*or*  
**V69.8** Other problems related to lifestyle (since patient is asymptomatic but in a known high risk group)
3. **V65.44** HIV counseling (if prevention counseling is provided during the encounter for the test)
4. **V08** Asymptomatic HIV infection status (if the results are positive but the patient is asymptomatic)
5. **042** HIV disease, with codes for the HIV-related manifestations or conditions (if the results are positive and the patient exhibits symptoms)
6. **V65.44** HIV counseling (if the test results are negative and prevention counseling is provided during the encounter for test results)

#### • CPT codes

1. **Test product**  
**86701 with modifier 92** for the antibody HIV-1 test  
*or*  
**86703 with modifier 92** for the antibody HIV-1 and HIV-2 single assay  
*or*  
**87390 with modifier 92** for the infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1 rapid test

#### 2. Office service

**99385** if the patient is new for initial comprehensive preventive medicine service evaluation and management

### Example 2

A 34-year-old, married female with allergy complaints shows up at her primary care physician's office. Because she is an established returning patient, the physician can either perform the conventional HIV test or the rapid HIV test. To bill, use:

#### • ICD-9-CM diagnosis codes<sup>2</sup>

1. **V73.89** Special screening for other specified viral diseases
2. **V08** Asymptomatic HIV infection status (if the results are positive but the patient is asymptomatic)  
*or*
3. **042** HIV disease, with codes for the HIV-related manifestations or conditions (if the results are positive and the patient exhibits symptoms).
4. **V65.44** HIV counseling (if counseling is provided during the encounter for the test)  
*or*
5. **V65.44** HIV counseling (if the results are negative and counseling is provided)

Note: These codes should be reported in addition to those appropriate to allergy complaints reported by the patient (either a confirmed diagnosis of allergy, or the specific signs or symptoms).

#### • CPT codes

1. **Test product**  
**86701** HIV-1 or HIV-2 antibody test
2. **Test administration**  
**36415** collection of venous blood by venipuncture
3. **Office service**  
**99211–99215** appropriate office visit code from the office or other outpatient services code series for an established patient based upon the key components performed  
*or*

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<sup>1</sup> ICD 9 codes are set to be replaced with ICD 10 codes by Oct. 1, 2013 in the United States. Contact the US Department of Health and Human Services for more information.

<sup>2</sup> ICD 9 codes are set to be replaced with ICD 10 codes by Oct. 1, 2013 in the United States. Contact the US Department of Health and Human Services for more information.

**99211–99215** for the evaluation and management of an established patient if the results are positive and HIV counseling is provided

### Medicare patient example

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A 66-year-old, single gay male Medicare patient comes in to his physician's office for his annual checkup, and indicates sexual risk behavior since his prior visit. Because the patient is covered by Medicare, the physician can either order a conventional HIV test or perform a rapid HIV test. To bill use:

#### • HCPCS Codes for billing Medicare

1. **G0432** Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening (conventional test)  
*or*
2. **G0433** Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening (rapid test when used with -92 modifier)  
*or*
3. **G0435** Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening (rapid oral fluid test, without -92 modifier)

Note: These codes can only be claimed with use of the corresponding ICD-9-CM diagnosis codes.

#### • Accompanying diagnosis codes

1. For beneficiaries reporting increased risk factors, use HCPCS code G0432, G0433, or G0435 with diagnosis code **V73.89** (“**Special screening for other specified viral disease**”) as primary; with diagnosis code **V69.8** (“**Other problems related to lifestyle**”) as secondary.

*or*

2. For beneficiaries not reporting increased risk factors, claims shall contain HCPCS code G0432, G0433 or G0435 with diagnosis code **V73.89** only.

Note: Medicare now pays for voluntary HIV screening a maximum of once annually for beneficiaries at increased risk for HIV infection.

Note: Medicare now pays for voluntary HIV screening of pregnant Medicare beneficiaries a maximum of three times per term of pregnancy beginning with the date of the first test when ordered by the woman's clinician: (1) when the diagnosis of pregnancy is known, (2) during the third trimester, and (3) at labor, if ordered by the woman's physician.

## Medicare HCPCS codes

Test product	
Code	Description
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening

## CPT® codes

Test product		
Code	Rapid test modifier	Description
86689		Antibody; HTLV or HIV antibody, confirmatory test (e.g, Western Blot)
86701	92	Antibody; HIV-1
86703	92	Antibody; HIV-1 and HIV-2, single assay
87534		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87390	92	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; HIV-1
Test administration		
Code	Description	
36415	Collection of venous blood by venipuncture	
Office service		
Code	Description	
99385	Initial comprehensive preventive medicine service evaluation and management 18–39 years of age (new patient)	
99386	Initial comprehensive preventive medicine service evaluation and management 40–64 years of age (new patient)	
99395	Periodic comprehensive preventive medicine reevaluation and management 18–39 years of age (established patient)	
99396	Periodic comprehensive preventive medicine reevaluation and management 40–64 years of age (established patient)	
99211-99215	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.	

## ICD-9-CM diagnosis codes

Situation	Code	Description
Patient seen as part of a routine medical exam	V70.0	Routine general medical examination at a health care facility
Patient seen to determine his/her HIV status (can be used in addition to routine medical exam)	V73.89	Special screening for other specified viral diseases
Asymptomatic patient in a known high-risk group for HIV (can be used in addition to routine medical exam)	V69.8	Other problems related to lifestyle
Counseling provided during the encounter for the test (add additional code if applicable)	V65.44	HIV counseling
Returning patient informed of his/her HIV <b>negative</b> test results	V65.44	HIV counseling
Returning patient informed of his/her HIV <b>positive</b> test results AND patient is <b>asymptomatic</b>	V08	Asymptomatic HIV infection status
Returning patient informed of his/her HIV <b>positive</b> test results, AND patient is <b>symptomatic</b>	V042	HIV disease
HIV counseling provided to patient with <b>positive</b> test results	V65.44	HIV counseling
Patient seen as part of prenatal medical examination	V73.89	Patient seen as part of a routine prenatal care.
Patient seen for first pregnancy	V22.0	Supervision of normal first pregnancy
Patient seen for other-than-first pregnancy (second, third, etc.)	V22.1	Supervision of other normal pregnancy
Management of high-risk pregnancy	V23.8	Other High-Risk Pregnancy
Management of high-risk pregnancy	V23.9	Supervision of unspecified high-risk pregnancy

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### Additional resources (including linkage to care):

#### American Academy of HIV Medicine

Referral Link

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

#### American Medical Association

CPT home page

[www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt)

#### HIV Medicine Association

HIV Provider Listing

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

#### National Clinician's Consultation Center

Compendium of state laws regarding HIV testing

<http://www.ucsf.edu/hivcntr/stateLaws/index.html>

#### Centers for Disease Control and Prevention

CDC's National Prevention Information Network

(800) 458-5231

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

#### CDC revised recommendations

#### on routine testing for HIV

[www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm)

#### Centers for Medicare and Medicaid Services

Medicare Coverage Center

[www.cms.gov/center/coverage.asp](http://www.cms.gov/center/coverage.asp)

#### For more information contact:

#### American Medical Association

515 N. State St.

Chicago, IL 60654

(312) 464-4147

#### American Academy of HIV Medicine

1705 DeSales Street NW

Suite 700

Washington, DC 20036

(202) 659-0699

# Additional Resources: Internet Links

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

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

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

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

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

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

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

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

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

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

**HIV Clinical Guidelines**

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

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

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

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

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

**Information for Patients that Test Negative for HIV**

[http://www.health.ny.gov/diseases/aids/providers/testing/2005\\_guidance/negativetestresults.htm](http://www.health.ny.gov/diseases/aids/providers/testing/2005_guidance/negativetestresults.htm)