HIV Testing Toolkit:
Resources to Support Routine HIV Testing for Adults and Minors

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

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

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2	**Follow-up Actions for Patients Diagnosed with HIV Infection:** This section provides information about post-test messages for patients newly diagnosed with HIV and provider responsibilities to arrange an appointment for HIV care and discuss partner notification.
3	**HIV Reporting and the HIV/AIDS Provider Portal:** This section outlines provider reporting responsibilities and provides direction on how to log into the HIV/AIDS Provider Portal.
4	**Sharing of Patient-Specific Information to Promote Linkage and Retention in HIV Care:** This section reviews information about sharing of information between the health department and others working with a patient to promote linkage/ retention in care and partner services.
5	**HIV Laboratory Diagnostic Testing Algorithm:** This section provides information about the HIV Diagnostic Testing Algorithm, including a table to help with interpretation of results.
6	**Acute HIV Infection:** This section provides information about acute HIV infection, including symptoms and key points for identifying cases of acute HIV.
7	**Expect the Test Brochure/Poster:** The patient brochure and clinic poster outlines the key information that must be given to patients before an HIV test is done. English and Spanish.
8	**Patient Fact Sheets on HIV Testing Results:** These documents may be provided to patients to assist with understanding their HIV testing results.
9	**Occupational Exposure and HIV Testing:** This section provides a comprehensive summary of HIV testing and post-exposure prophylaxis in the context of occupational exposure.
10	**Information for Parents About HIV Testing and Treatment for Minors:** This one-page fact sheet provides basic information about HIV testing and treatment for minors.
11	**Release Forms:** Instructions and forms for the release of HIV information, including a specific form for the release of HIV/ alcohol/drug treatment/ mental health information. (DOH 5032)
12	**Additional Resources:** A complete list of additional internet resources for HIV/AIDS.

Overview of NYS HIV Testing Law for Health Care Providers

New York State Public Health HIV testing laws and regulations have evolved over the years to keep pace with changes in the epidemic and clinical practice. Key provisions were passed in 2010, 2014, 2015 and 2016 and 2023 to address the fact that:

- In 2022, it was estimated that approximately 6,900 New Yorkers were unaware that they were living with HIV.
- People living with HIV too often learn of their diagnosis late in disease progression. For example, in 2022, 18% of persons newly diagnosed with HIV had a concurrent AIDS diagnosis within one year, even though it may take ten or more years to develop AIDS.
- Routine HIV testing is highly cost effective and was awarded the highest "A" rating by the United State Preventive Services Task Force.

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

Simplified Testing Process

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

1. A member of the care team orally informs the patient that HIV testing will be conducted at some point during the visit. Key points of information, including informing the patient that he or she may decline an HIV test, may be provided in writing, electronically, through office signage or any other patient-friendly A-V method. If the patient declines, the HIV test would not be conducted, and the patient's decision should be noted in the patient's medical record.

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

Mandatory Offer of HIV Testing

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

Settings and Providers Affected

Settings

Hospitals

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

Diagnostic & Treatment Centers

- Outpatient Primary Care

Providers (regardless of setting)

Primary Care Providers

- Physician
- Nurse practitioner
- Physician Assistant
- Midwives

Primary Care Field of Medicine

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

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

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

Key Points of Information for Patients About HIV Testing

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

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

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

Most Adolescents Can Consent to their Own HIV Test

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

Establishing the Norm of Health Care Providers Meeting Individually with Each Young Person	***Talking with Young People About Sexual and Substance Using Behaviors***
• 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.	• Confidential questionnaires for adolescents about HIV, sexual health, substance use, etc. can be an important tool for starting discussions with young people. The adolescent completes the questionnaire and the health care provider discusses it with the young person when they are alone. • Explain that birth control is important to prevent unwanted pregnancy and, based on the form of birth control, condom use is important to prevent HIV and other STIs. • When not available on-site, refer the young person to Planned Parenthood, the local health department or a community based organization for access to birth control, condoms and other HIV prevention resources.

Providing negative (Non-reactive) HIV test results

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

When providing negative HIV test results, explain:

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

HIV Prevention Messages and Resources for Patients

- HIV is passed through anal or vaginal intercourse or sharing drug injection equipment
- If you choose to have sex or inject drugs, there are ways to lower your chances of becoming getting HIV.
- Condoms work very well to prevent HIV if you use them correctly every time you have sex.
- PrEP (Pre-Exposure Prophylaxis) is a medication that can prevent HIV. If you are at risk for HIV, taking PrEP as prescribed can greatly reduce your risk of HIV. Ask your provider if PrEP may be right for you.
- PEP (Post-Exposure Prophylaxis) is a medication that can protect you from HIV if you start it within 72 hours of the exposure. Ideally, PEP is started immediately or within 2 hours. If you think you were exposed to HIV, act immediately by calling a PEP hotline (NYC - 844-373-7692; Outside NYC - 844-737-4669). You may also get PEP by going to an emergency room and asking for it. It is helpful to bring with you the "I Might Have Been Exposed" brochure.
- If you inject drugs:
  - Use new needles and equipment each time you shoot up. Have naloxone available to prevent overdose.
  - Do not share needles, syringes or works; avoid buying needles on the street, even if they look new.
  - If you are 18 or older, you can buy new needles at many drugstores.
  - Syringe exchange programs provide needles free of charge.
- Avoid sharing needles for ear piercing, body piercing or tattooing.

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

Important Prevention Resources for Patients

Condom Access	Sterile Syringe Access	Early Treatment of STIs
NYC Condom: Free male condoms, female condoms and lube. For more information, dial 311 or visit http://www1.nyc.gov/site/doh/health/health-topics/condom.page	**Syringe Exchange Programs** and **Drug User Health Hubs** provide sterile injection equipment and a wide array of services free of charge. Visit: https://www.health.ny.gov/diseases/aids/consumers/prevention/	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. For information about where to go for STI screening or treatment, call your local health department or visit http://www.health.ny.gov/diseases/communicable/std/. In NYC, call 311.
NYS Condom Access Program: 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: NYSCondom@health.state.ny.us	**Expanded Syringe Access Program** allows individuals to purchase syringes without a prescription from participating pharmacies. Visit: https://www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/esap/provdirect.htm	

Follow-up Actions for Patients with Diagnosed HIV Infection

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

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

The health care provider who ordered the HIV test shall submit the **New York State Medical Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189)** within 7 days after diagnosis for all cases with a diagnosis of HIV infection. Cases of acute HIV should be submitted within 24 hours of diagnosis.

HIV/AIDS Provider Portal

An electronic system which enables clinicians to:
1. meet their reporting requirements electronically;
2. notify the NYSDOH that a patient needs linkage to Health Department Partner Services
3. submit inquiries for patients with diagnosed HIV infection who are thought to be in need of assistance with linkage to or retention in HIV medical care.

See Section 3 of this Toolkit for information on setting up an account and logging in.

Contacts for Partner Services

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

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

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

Contact Notification Assistance Program (CNAP)

Covers all five boroughs of NYC - Bronx, Kings, New York, Richmond, Queens	(212) 693-1419

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

2023 Changes to Provider Reporting of Human Immunodeficiency Virus (HIV) in New York State (NYS)

New Reporting Requirements: 2023 Public Health Law Update

Reporting Timelines

Acute HIV Infection	Report within **24 hours** of diagnosis
HIV Infection Not Acute & AIDS	Report within **7 days** of diagnosis or receipt of laboratory results

Insurance Reporting

HIV testing conducted in the context of insurance institution underwriting decisions is required to be reported by clinicians under whose medical license the HIV testing is ordered.

Previous Reporting Requirement
Within **14 day** of HIV or AIDS diagnosis or receipt of laboratory results

The Public Health Law, Article 21, Title III, Section 2130 can be found at nysenate.gov/legislation/laws/PBH/2130
The update to AHI reporting can be found at dos.ny.gov/system/files/documents/2023/03/032223.pdf

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NEW YORK STATE | Department of Health

07/23

How to Report

DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form

Electronic Reports (Preferred)

Complete the DOH-4189 form electronically using the HIV/AIDS Provider Portal on the New York State Health Commerce System (HCS).

Paper Reports

Non-New York City (NYC) providers

should mail the **yellow copy only** of the completed DOH-4189 form to the:

New York State Department of Health
Division of Epidemiology, Evaluation, and Partner Services
PO Box 2073
ESP Station
Albany, NY 12220-0073

NYC providers

should complete the form and call the NYC HIV Epidemiology Program at 212-442-3388 to submit.

HIV/AIDS Provider Reporting

What to Report

Reporting of HIV and AIDS is required by physicians and other persons authorized to order diagnostic testing for individuals screened for HIV in New York State. Reporting is initiated upon receipt of positive laboratory results or after diagnosis, whichever is sooner.

Reporting Timelines

Acute HIV Infection

Report any determination or diagnosis of Acute HIV Infection (AHI) including primary HIV infection, acute retroviral syndrome, and early HIV infection. An AHI is the earliest stage and is associated with high levels of viremia and undetectable antibodies.

Acute infection should be **reported within 24 hours of diagnosis**.

HIV Infection (not acute)

Non-AHI HIV infection is determined using the Diagnostic Testing Algorithm. Testing begins with an FDA-approved antigen/antibody immunoassay that detects HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen. Reactive assays should have subsequent differentiation and viral load testing completed. Reports should be made **within 7 days of diagnosis or receipt of positive laboratory results** whichever is sooner.

AIDS

AIDS (Stage 3 HIV Infection) should be determined using criteria such as CD4+ T-lymphocyte <200 cells/µL or an opportunistic infection (AIDS-defining illness). Reports should be made **within 7 days of diagnosis or receipt of positive laboratory results** whichever is sooner.

Reporting Methods

Electronic Reports

Use the HIV/AIDS Provider Portal on the New York State Health Commerce System to complete the electronic provider reporting form.

Paper Reports

Non-New York City (NYC) Providers:
Complete DOH-4189 and mail **yellow copy only** to:

Division of Epidemiology, Evaluation, and Partner Services
PO BOX 2073, ESP Station
Albany, NY 12220-0073

NYC Providers:
Complete DOH-4189 and call the NYC HIV Epidemiology Program at 212-442-3388 to submit.

Completion of a Medical Provider HIV/AIDS Report Form (DOH-4189) is required by NYS public health law Article 21, Chapter 163. The form can be completed electronically (preferred) or by paper submission.

General Questions

Call the New York State Department of Health at 518-474-4284 for paper copies of the DOH-4189 form or with general reporting questions.

For more information on the Public Health Law for HIV/AIDS reporting visit https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/.

Accessing the HIV/AIDS Provider Portal

A Quick Start Guide

Revised: April 2023

NEW YORK STATE | Department of Health

This guide was prepared by

The Bureau of HIV/AIDS Epidemiology
Division of Epidemiology, Evaluation, and Partner Services
New York State Department of Health

Questions about content should be directed to the Bureau of HIV/AIDS Epidemiology at 518-474-4284 or eprfhelp@health.ny.gov .

Access to the **HIV/AIDS Provider Portal** is available to New York State (NYS) licensed MD, DO, DDS, NP, PA, and midwife clinicians with a valid medical license number associated with their NYS Health Commerce System (HCS) profile. Submission of all determinations or diagnoses of Human Immunodeficiency Virus (HIV) infection, Acute HIV Infection, HIV-related illness, and Acquired Immune Deficiency Syndrome (AIDS) electronically via the portal helps clinicians and health systems meet the reporting requirements of HIV/AIDS as outlined in NYS public health law.

You must have an active HCS account to access the **HIV/AIDS Provider Portal**. If you do not, please click on 'Sign Up Here' on the HCS login screen and follow the on-screen instructions. If your HCS account is inactive, please contact the HCS Coordinator for your facility or the Commerce Account Management Unit (CAMU) at 1-866-529-1890 or hinhpn@health.ny.gov to activate your account.

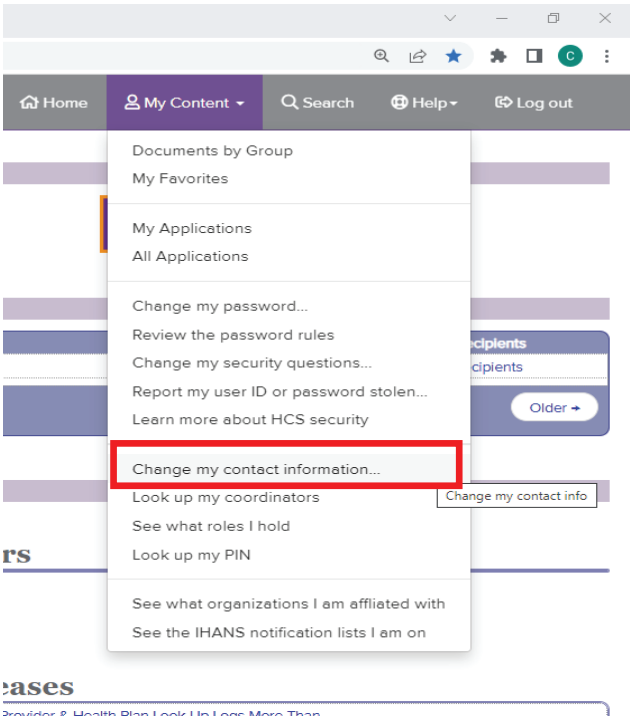
If you are not a NYS licensed MD, DO, DDS, NP, PA, or midwife and would like to use the provider portal, you must first receive permission from an account holder with a valid license before access can be granted.

Before getting started, please ensure that you are using the most up to date version of Google Chrome or Firefox. Other browsers are not currently supported by the HCS. After opening a supported browser, navigate to the New York State Health Commerce System.

Getting Started

Log into your HCS account and check to ensure that your NYS Medical License Number is associated with your account. To associate your medical license number with the **HIV/AIDS Provider Portal**:

1. Select → 'My Content' from the top right section of the screen
2. Select → 'Change my contact information' in the drop-down menu



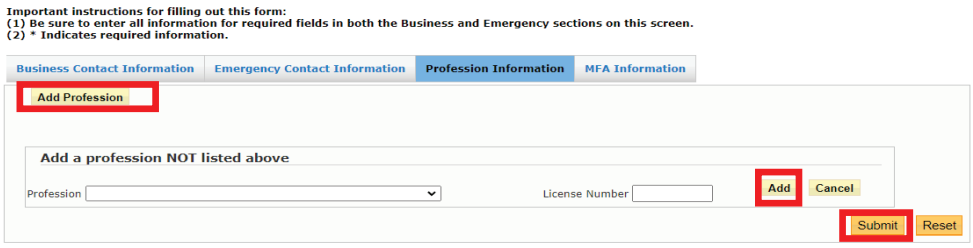
Navigate to the 'Profession Information' tab and add or update your provider information. If your license information is not displayed in this subsection:

1. Select → 'Add Profession'
    a. enter your profession and license number

Once complete:

1. Select → 'Add'
2. Select → 'Submit'

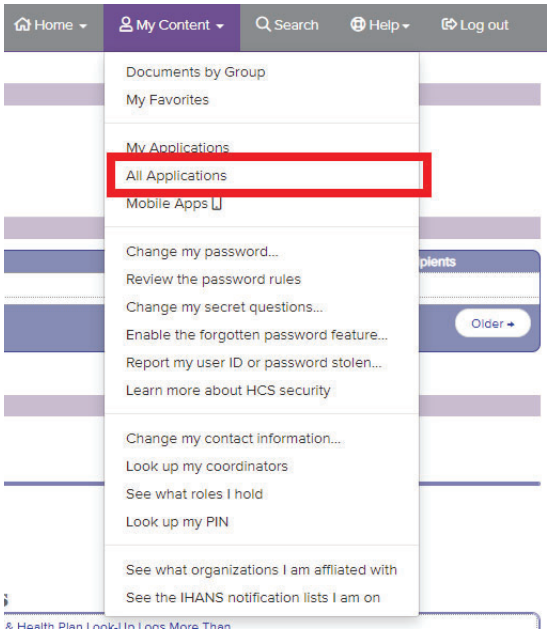
If you are unsure of your NYS Medical license number, you can search for this information on the Office of Professions website (Verification Search | Office of the Professions (nysed.gov)).



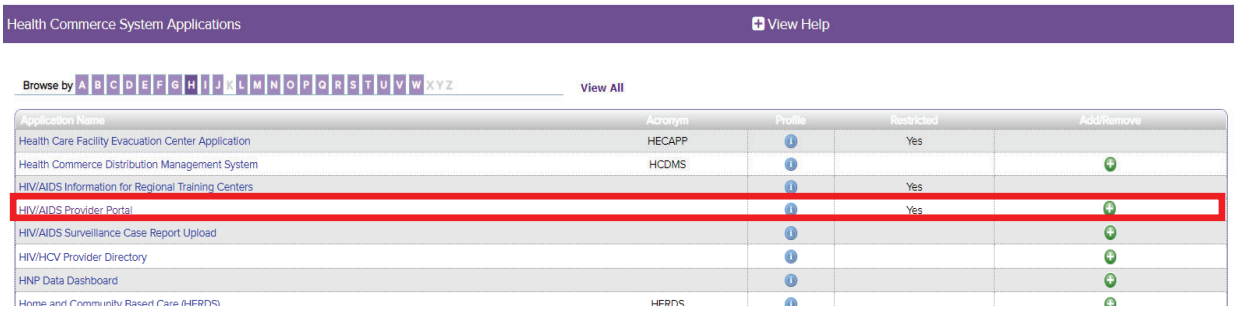
Finding the HIV/AIDS Provider Portal

To find the **HIV/AIDS Provider Portal** application in HCS, navigate to the top right portion of the HCS home screen and:

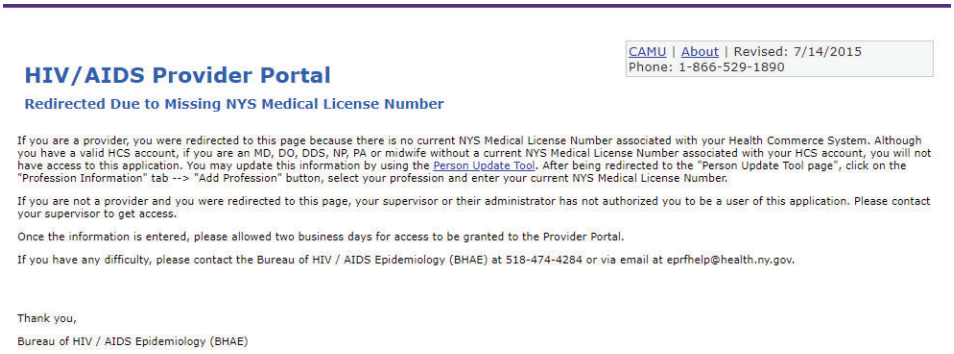
1. Select → 'My Content'
2. Select → 'All Applications' from the drop-down menu



Navigate to the 'H' section of applications. Find the **HIV/AIDS Provider Portal** – it will be listed as an available application.



1. Select → **HIV/AIDS Provider Portal**. The following popup will appear



CAMU | About | Revised: 7/14/2015
Phone: 1-866-529-1890

HIV/AIDS Provider Portal

Redirected Due to Missing NYS Medical License Number

If you are a provider, you were redirected to this page because there is no current NYS Medical License Number associated with your Health Commerce System. Although you have a valid HCS account, if you are an MD, DO, DDS, NP, PA or midwife without a current NYS Medical License Number associated with your HCS account, you will not have access to this application. You may update this information by using the Person Update Tool. After being redirected to the "Person Update Tool page", click on the "Profession Information" tab --> "Add Profession" button, select your profession and enter your current NYS Medical License Number.

If you are not a provider and you were redirected to this page, your supervisor or their administrator has not authorized you to be a user of this application. Please contact your supervisor to get access.

Once the information is entered, please allowed two business days for access to be granted to the Provider Portal.

If you have any difficulty, please contact the Bureau of HIV / AIDS Epidemiology (BHAE) at 518-474-4284 or via email at eprfhelp@health.ny.gov.

Thank you,

Bureau of HIV / AIDS Epidemiology (BHAE)

Staff from the Bureau of HIV/AIDS Epidemiology will confirm your license credentials before granting access to the portal. This may take 24-48 hours as we review your account. Please contact us at 518-474-4284 or eprfhelp@health.ny.gov if you do not have access within 48 hours.

If you are not a NYS licensed MD, DO, DDS, NP, PA, or midwife and would like use to the provider portal, you must first receive permission from an account holder with a valid license before access can be granted.

The **HIV/AIDS Provider Portal** has 3 available roles: Provider, Administrator, and Data Entry Operator. The Provider Role is only available to individuals who are a NYS licensed MD, DO, DDS, NP, PA, or midwife. The Administrator or Data Entry Operator roles are available to anyone with a valid HCS account. Each role is allowed access to specific functions within the portal as shown below.

		Portal Role		
		Provider	Administrator	Data Entry Operator
Portal Function	Assign Administrators	✓		
	Assign Data Entry Operators	✓	✓	
	Submit Reports	✓	✓	✓

HIV/AIDS Provider Portal Setup

There is a one-time setup prior to first use. The setup takes less than 5 minutes to complete and consists of four parts:

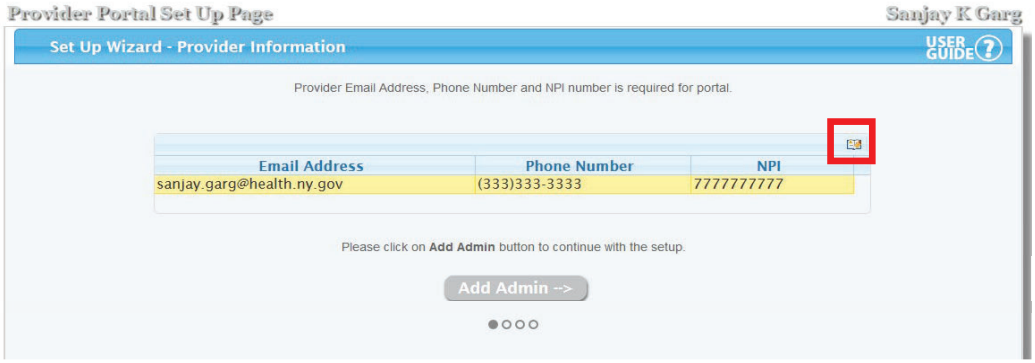
1. Enter the contact and license information of the provider
2. Add Administrator(s)
3. Add facility address and
4. Add Data Entry Operator(s)

Providers

Your contact and license information should auto-populate from your HCS account. Please verify that the information is accurate. If you need to change or add information:

1. Select → the  icon located the upper right side of the screen

2. Select → 'Add Admin-->'



Adding Administrators

Note: you have the option to designate one or more Administrators to help manage your provider portal account.

To add an Administrator, enter the HCS User ID, email, and phone number associated with their account in the corresponding fields.

1. Select → 'Submit'

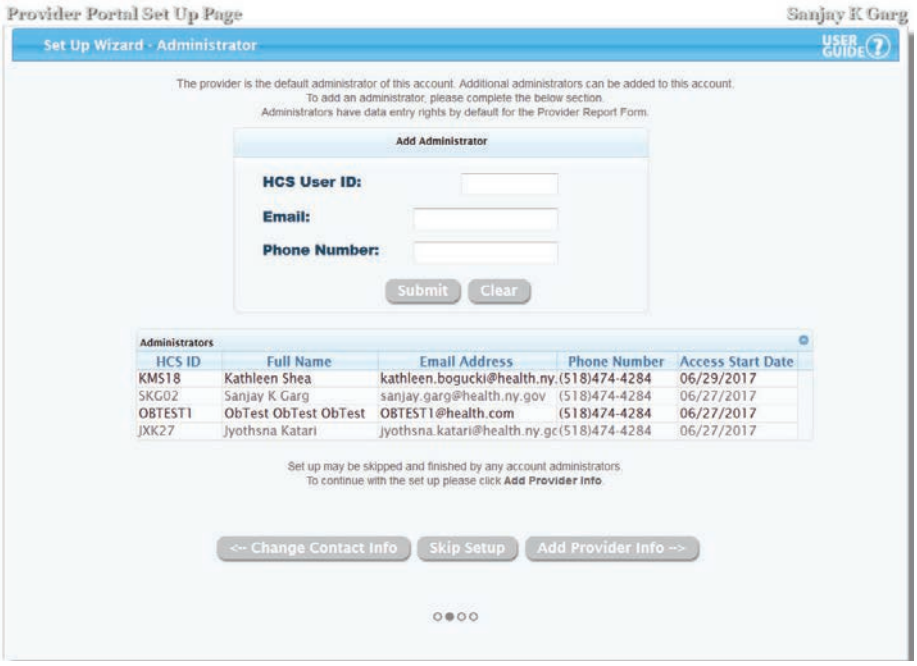
You may add additional Administrators or proceed to the next step. To continue the setup yourself:

2. Select → 'Add Provider Info-->'

If the account setup will be completed by an Administrator:

3. Select → 'Skip Setup'

You **will not** be able to access the functions of the portal until setup is complete.



Adding Addresses

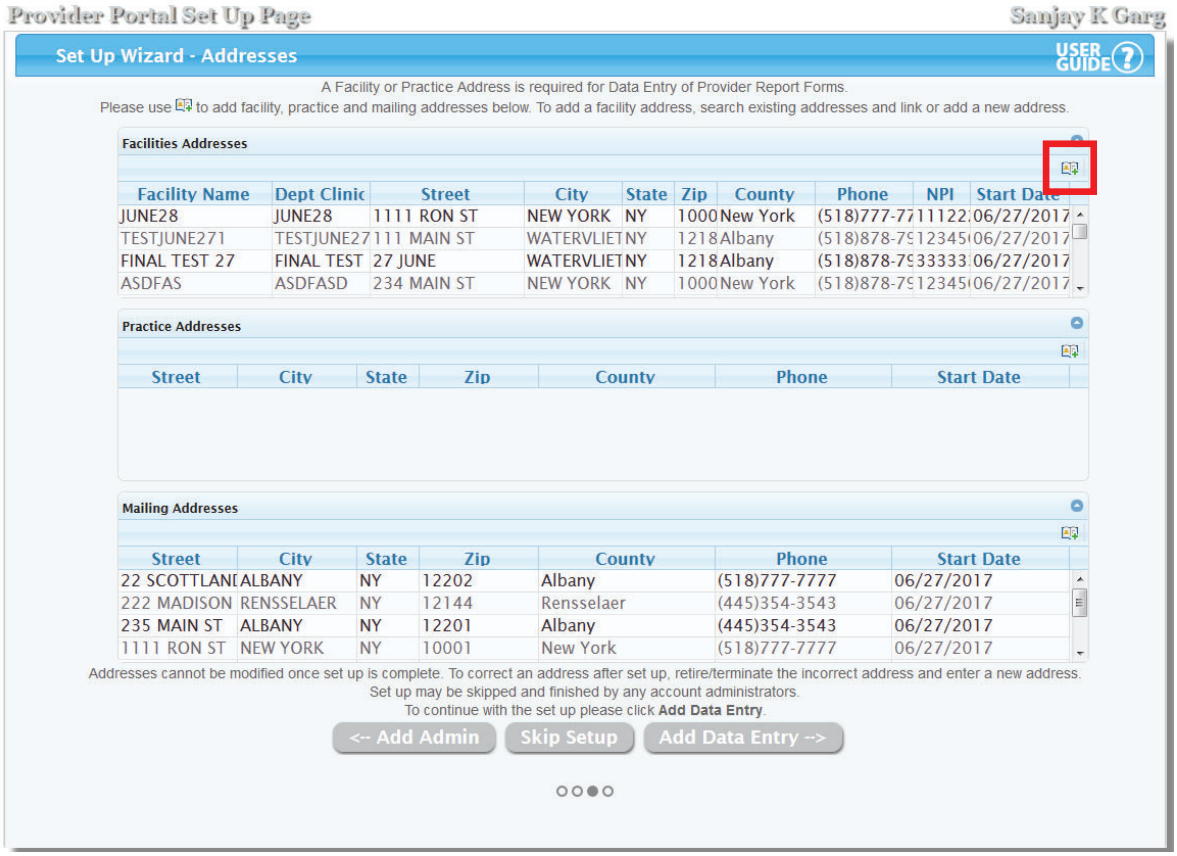
The facility address is required. To add your facility address:

a. Select → 'Link Facility Address'

If you cannot find your facility address:

b. Select → 'Add New Facility Address'

2. The 'Mailing Addresses' window will auto-populate.
3. You do not need to enter a practice address in the 'Practice Addresses' window.
4. Select → 'Add Data Entry -->' once you have linked your facility address.



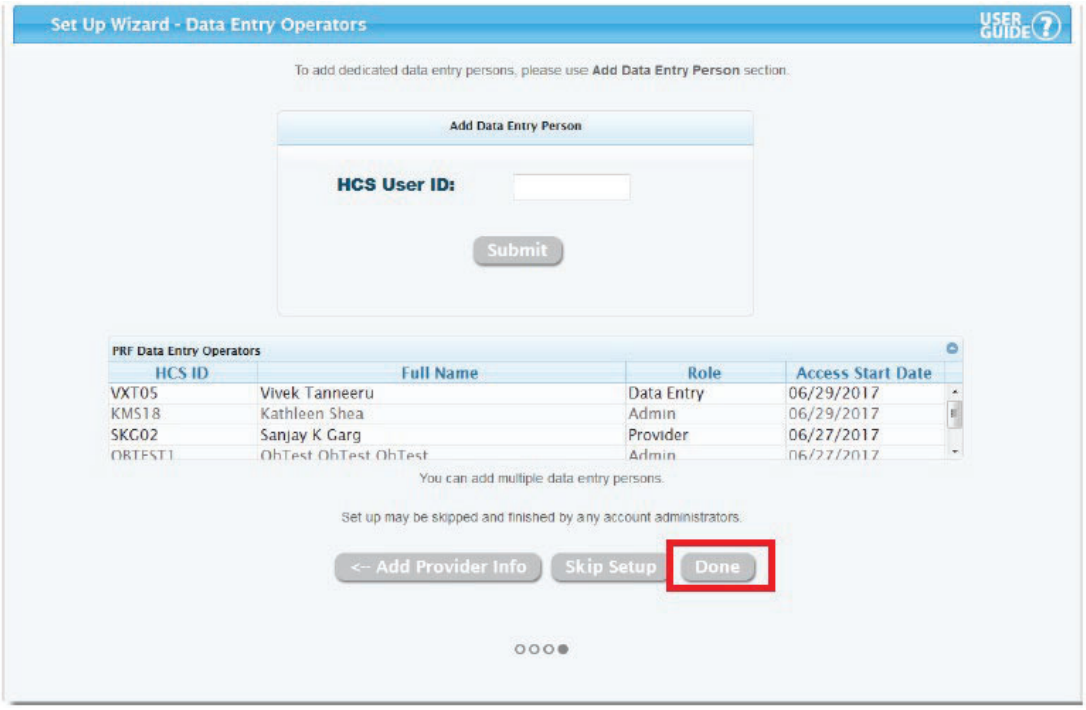
Adding Data Entry Operators

To add a Data Entry Operator, enter the HCS User ID associated with their account.

1. Select → 'Submit'

You may add additional Data Entry Operators.

2. Select → 'Done' when finished



This completes provider portal setup.

Now that setup is complete, you can add the **HIV/AIDS Provider Portal** to the 'My Applications' list, making the link readily available whenever you log in. Search for the **HIV/AIDS Provider Portal** from the 'All Applications' selection on the 'My Content' dropdown on the landing page of your HCS account:

If you have any issues accessing the portal or submitting the requested setup information, please call the Bureau of HIV/AIDS Epidemiology at 518-474-4284 or email eprfhelp@health.ny.gov .

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

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

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

Who May Request Information	Requirements for Requesting Information

• A licensed medical practitioner with a documented or verifiable diagnostic, clinical or public health interest in the patient* see note below
  o The licensed medical provider may be a physician, midwife, nurse practitioner or physician assistant;
  o The health care provider may designate an individual within his/her practice or at an affiliated organization to submit a request and receive the information. Examples of affiliated organizations may include: health home entities; care coordination entities; Regional Health Information Organizations; and/or CBOs involved in patient linkage and retention;
• Medical Director of a managed care organization or his/her designee, including persons the Medical Director may designate from an affiliated health home or care coordination entity.
• Care coordinators may request information from the NYS or NYC HIV Surveillance System with a written documented affiliation with the licensed medical practitioner of the patient.
	Eligible providers requesting information should be prepared to provide the following patient information to the health department:
	• Patient first and last name;
	• Patient date of birth;
	• Patient sex assigned at birth;
	• Patient last known address and telephone number;
	• Patient's date of last contact with the requesting health provider (including laboratory test type and date);
	• If known and applicable, the following should also be provided:
	  o Medicaid Member Client Identification Number (CIN);
	  o New York State Department of Corrections and Community Supervision or Criminal Justice System identifier (NYSID, DIN)
	
	When seeking information about patient linkage to care status, information provided regarding patient relocation and reports of death may help health care facilities update their active patients list and accurately report on their facility cascade of care.

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

What Information can be shared with providers?
The NYSDOH and NYC Health Department are able to share surveillance information for the purpose of promoting linkage and retention in HIV care. Information most likely to be helpful for these purposes will include: • General information about care status; • Patient relocation out of state or out of region; • Report of death and date.

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

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

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

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

For Urgent Requests:
In the event of an urgent request, such as an out-of-care pregnant or breastfeeding woman living with HIV or an individual with suspected acute HIV infection, the NYS DOH or NYC Health Department can be contacted for more immediate assistance. Additional information about submitting urgent requests to the NYC CSR and NYC PCL for can be found at https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page.

How to submit a request for information

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

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

NYC HIV Care Status Report and Provider Call Line

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

For Urgent Requests:

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

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

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

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

February 2024

Re: 2024 Guidelines Update for use of the HIV Diagnostic Testing Algorithm for Laboratories

Dear Laboratory Director and Management Staff:

The purpose of this letter is to provide updated information to New York State Permitted Clinical Laboratories performing diagnostic testing for human immunodeficiency virus (HIV). These updated documents supersede previous updates to the Guidelines for Laboratories on the use of the HIV Diagnostic Testing Algorithm issued by the New York State Department of Health in 2018 and 2021. The following developments are addressed.

- Additional HIV diagnostic nucleic acid tests and HIV-1/HIV-2 Ag/Ab immunoassays have received approval from the U.S. Food and Drug Administration (FDA).
- The Centers for Disease Control and Prevention (CDC) published the "Technical Update for HIV Nucleic Acid Tests Approved for Diagnostic Purposes" in May 2023.
- As of March 2023, NYS Public Health Law changes require clinician reporting of HIV laboratory test results obtained for the purpose of insurance underwriting. Laboratories must also report these results to the New York State Department of Health.

The Guidelines for use of the HIV Diagnostic Testing Algorithm for Laboratories are posted on the New York State Department of Health website at http://www.health.ny.gov/diseases/aids/providers/testing/index.htm. The 2024 laboratory guidelines include the following new and updated attachments.

- Attachment 1 Recommended Laboratory Human Immunodeficiency Virus (HIV) Diagnostic Testing Algorithm
- Attachment 2 FDA-approved Test Methods, Applicable to the HIV Diagnostic Testing Algorithm
- Attachment 3a Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and the New York State Department of Health - Non-Differentiating HIV Ag-Ab Screening Assay (Step 1)
- Attachment 3b Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and the New York State Department of Health - Differentiating HIV Ag-Ab Screening Assay (Step 1)
- Attachment 3c Guidance for Interpretation of HIV RNA Test Results for Diagnostic Purposes (Step 3)
- Attachment 4 Guidance to Facilitate the Public Health Reporting of HIV-related Laboratory Test Results to the New York State Department of Health

For questions regarding the updated laboratory guidelines for HIV diagnostic testing, email the New York State Department of Health at hivtesting@health.ny.gov.

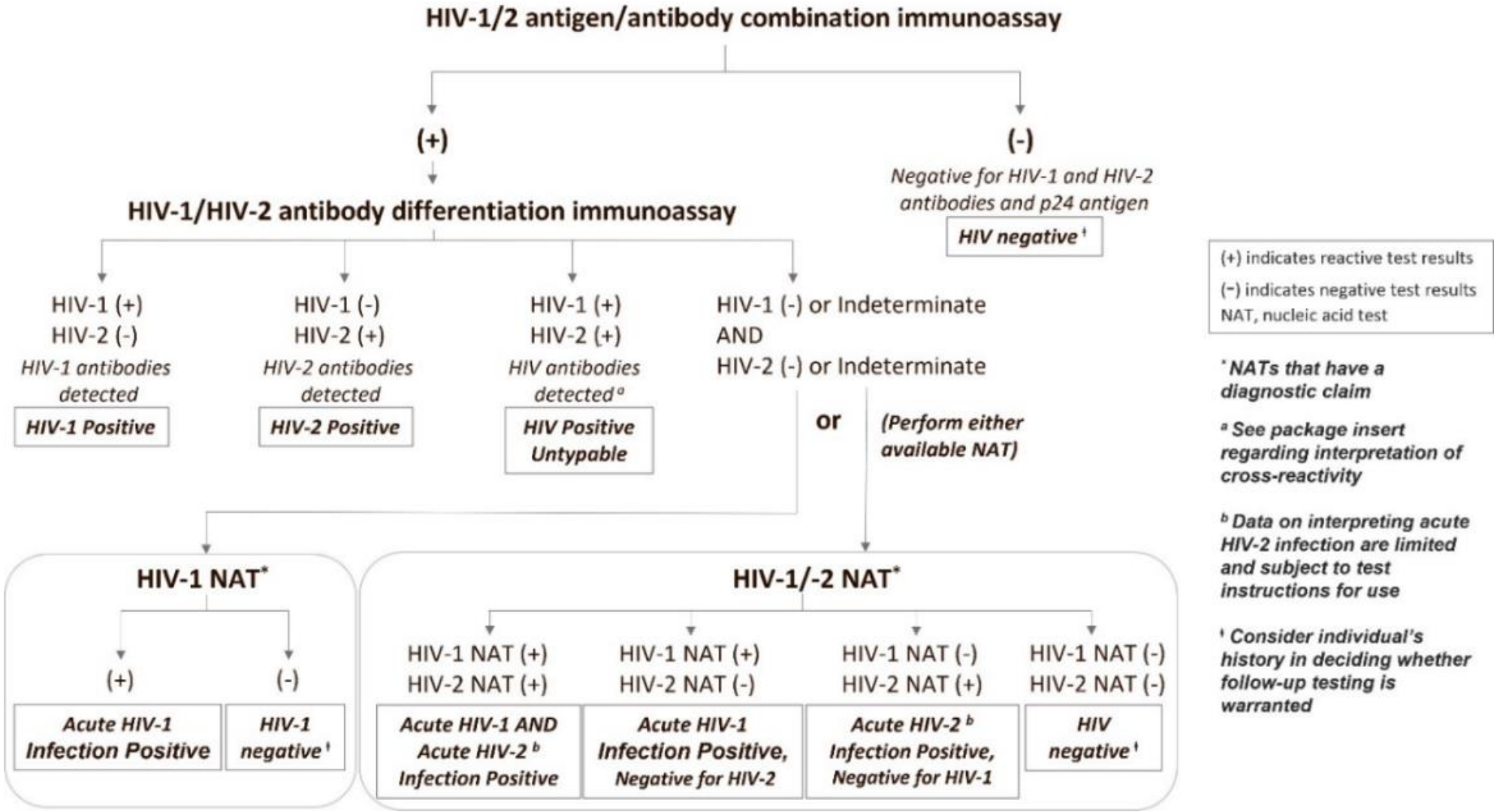
For questions regarding laboratory reporting of HIV-related test results, contact the Bureau of HIV/AIDS Epidemiology at 518-474-4284 or BHAELab@health.ny.gov.

Sincerely,

Carol-Ann Swain, Ph.D.
Director, Bureau of HIV/AIDS Epidemiology
AIDS Institute

Linda M. Styer, Ph.D.
Director, Bloodborne Viruses Laboratory
Wadsworth Center

Recommended Laboratory Human Immunodeficiency Virus (HIV) Diagnostic Testing Algorithm



This figure shows the current recommended laboratory *HIV diagnostic testing algorithm* (1). The algorithm was updated to include approved HIV-1 and HIV-1/-2 nucleic acid tests with a diagnostic claim for step 3. See (1) for information on alternate, but not recommended, algorithms.

1. Laboratories should conduct initial testing for HIV with a U.S. Food and Drug Administration (FDA)-approved antigen/antibody immunoassay[a] that detects HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen to test for established HIV-1 and HIV-2 infection and for acute HIV-1 infection, respectively. No further testing is required for specimens that are non-reactive on the initial immunoassay. However, if there is a possibility of very early infection leading to a non-reactive initial antigen/antibody immunoassay, such as when recent HIV exposure is suspected or reported, then conduct an HIV-1 or HIV-1/-2 Nucleic Acid Test (NAT) or request a new specimen and repeat the algorithm according to CDC guidance (2, 3, 4, 5).
2. Specimens with a reactive antigen/antibody immunoassay result (or repeatedly reactive, if repeat testing is recommended by the manufacturer or required by regulatory authorities) should be tested with an FDA-approved supplemental antibody immunoassay that differentiates HIV-1 antibodies from HIV-2 antibodies. Reactive results on the initial antigen/antibody immunoassay and the HIV-1/HIV-2 antibody differentiation immunoassay should be interpreted as positive for HIV-1 antibodies, HIV-2 antibodies[b], or HIV antibodies, untypable (undifferentiated).
3. Specimens that are reactive on the initial antigen/antibody immunoassay and non-reactive or indeterminate on the HIV-1/HIV-2 antibody differentiation immunoassay should be tested with an FDA-approved HIV-1 or HIV-1/-2 NAT.
    - A reactive HIV-1 or HIV-2 NAT result and non-reactive or indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates laboratory evidence of acute HIV-1 or HIV-2 infection, respectively.
    - A negative HIV-1 or HIV-1/-2 NAT result and non-reactive or indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result could indicate a false-positive result on the initial immunoassay or could occur in individuals using pre-exposure prophylaxis (PrEP), or who were treated early in infection with antiretroviral therapy, which can lead to low virus levels and delay or inhibit seroconversion.
    - A negative HIV-1 NAT result and repeatedly HIV-2 indeterminate or HIV indeterminate antibody differentiation immunoassay result should be referred for testing with a different validated supplemental HIV-2 test (antibody test or NAT) or repeat the algorithm in 2 to 4 weeks, starting with an antigen/antibody immunoassay (6). Samples with a negative HIV-1/-2 NAT result do not need additional HIV-2 testing.
4. Laboratories should use the same testing algorithm, beginning with an antigen/antibody immunoassay on all serum or plasma specimens submitted for testing after a preliminary positive result from any rapid HIV test conducted in a CLIA-waived setting (7).

[a] The FDA-approved single-use rapid HIV-1/HIV-2 antigen/antibody immunoassay can be used as the initial assay in the laboratory HIV testing algorithm for serum or plasma. If any instrumented antigen/antibody test is available, it is preferred due to its superior sensitivity for detecting HIV during acute infection (2, 8).
[b] This includes specimens reported as HIV-2 positive with HIV-1 cross-reactivity (6).

(1) Technical Update for HIV Nucleic Acid Tests Approved for Diagnostic Purposes. https://stacks.cdc.gov/view/cdc/129018
(2) Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations https://stacks.cdc.gov/view/cdc/23447
(3) APHL Suggested Reporting Language for the HIV Laboratory Diagnostic Testing Algorithm https://stacks.cdc.gov/view/cdc/79272
(4) Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV-United States, 2016 https://stacks.cdc.gov/view/cdc/38856
(5) HIV Testing https://www.cdc.gov/hiv/testing/
(6) Technical Update on HIV-1/2 Differentiation Assays https://stacks.cdc.gov/view/cdc/40790
(7) Clinical Laboratory Improvement Amendments https://www.cdc.gov/clia/
(8) Use of the Determine HIV 1/2 Ag/Ab Combo Test with Serum or Plasma in the Laboratory Algorithm for HIV Diagnosis https://stacks.cdc.gov/view/cdc/48472

Food and Drug Administration-Approved Test Methods, Applicable to the HIV Diagnostic Testing Algorithm for Laboratories

As of January 1, 2024, the following United States Food and Drug Administration (FDA)-approved tests are available for use in the HIV Diagnostic Testing Algorithm for laboratories. The New York State Department of Health's preferred Logical Observation Identifiers Name and Codes (LOINC) for public health reporting in the Electronic Clinical Laboratory Reporting System (ECLRS) are listed.

Test Kit Name	Instrument Platform(s)	Test Manufacturer	Preferred LOINC and Result for ECLRS Reporting
Step 1. HIV-1/HIV-2 Ag/Ab combo immunoassay (screening assay)[1,2]			
HIV Ag/Ab Combo	Architect, Alinity	Abbott Laboratories	56888-1; Report Reactive results
Determine HIV-1/2 Ag/Ab Combo (Serum or plasma use only)	Not Applicable	Abbott Laboratories	75666-8; Report Antibody Reactive results or Antigen Reactive results or Antibody Reactive and Antigen Reactive results
Access HIV Ag/Ab Combo	DxI 9000	Beckman Coulter	56888-1; Report Reactive results
GS HIV Ag/Ab Combo EIA	Open, Evolis	Bio-Rad Laboratories	56888-1; Report Reactive results
BioPlex 2200 HIV Ag-Ab	BioPlex 2200	Bio-Rad Laboratories	56888-1 for HIV Ag-Ab; Report Reactive results[3] and 18396-2 for HIV-1 Ag; Report results and 29893-5 for HIV-1 Ab; Report results and 30361-0 for HIV-2 Ab; Report results
LIAISON XL Murex HIV Ab/Ag HT	LIAISON XL	DiaSorin	56888-1; Report Reactive results
HIV Combo	Vitros, ECi/ECiQ, 3600, 5600, XT 7600	Ortho Clinical Diagnostics	56888-1; Report Reactive results
Elecsys HIV combi PT	cobas e602	Roche Diagnostics	56888-1; Report Reactive results
Elecsys HIV Duo	cobas e801	Roche Diagnostics	56888-1 Report Reactive for HIV Ab and HIV-1 Ag[4] OR
	cobas e402		56888-1 Report Reactive for HIV Ab and HIV-1 Ag[4] and 31201-7 for HIV1+2 Ab; Report results and 18396-2 for HIV-1 p24 Ag; Report results
HIV Ag/Ab Combo (CHIV)	ADVIA Centaur, Atellica	Siemens Medical Solutions	56888-1; Report Reactive results

Test Kit Name	Instrument Platform(s)	Test Manufacturer	Preferred LOINC and Result for ECLRS Reporting
Step 2. HIV-1/HIV-2 antibody differentiation immunoassay (supplemental antibody assay)			
VioOne HIV Profile Supplemental Assay	Open	Avioq	95524-5 Report all result interpretations If individual HIV-1 and HIV-2 results are also reported, use: 29893-5 for all HIV-1 Ab results 30361-0 for all HIV-2 Ab results
Geenius HIV 1/2 Supplemental Assay	Geenius Reader	Bio-Rad Laboratories	80203-3 Report all final assay interpretations If individual HIV-1 and HIV-2 results are also reported, use: 68961-2 for all HIV-1 results 81641-3 for all HIV-2 results
Step 3. HIV nucleic acid test (supplemental RNA assay)			
Aptima HIV-1 Quant Dx Assay (Quantitative results: Plasma only) (Qualitative results: Plasma & serum)	Panther	Hologic	25835-0 Report all qualitative results 20447-9 Report all quantitative HIV-1 RNA copies/mL results 29541-0 Report all quantitative HIV 1 RNA Log_{10} results
Alinity m HIV-1 Assay (Quantitative results: Plasma only) (Qualitative results: Plasma & serum)	Alinity m	Abbott Molecular	25835-0 Report all qualitative results 20447-9 Report all quantitative HIV-1 RNA copies/mL results 29541-0 Report all quantitative HIV 1 RNA Log_{10} results
cobas HIV-1/HIV-2 Qualitative Assay	cobas 5800	Roche Diagnostics	25835-0 Report all HIV-1 RNA results 69353-1 Report all HIV-2 RNA results OR 96556-6 Report all results
	cobas 6800, 8800		25835-0 Report all HIV-1 RNA results 69353-1 Report all HIV-2 RNA results

[1] **Recommended Screening Immunoassays.** The CDC recommends that laboratories conduct initial testing with an FDA-approved HIV antigen/antibody (Ag/Ab) immunoassay. Less sensitive antibody-only assays are available but are not recommended**. Laboratories that use an antibody-only assay should include the following statement when reporting a negative screening result, "This screening assay may not detect acute HIV-1 infections."**

[2] **Determine HIV-1/2 Ag/Ab Combo.** The CDC's Technical Update: Use of the Determine HIV 1/2 Ag/Ab combo test with serum or plasma in the laboratory algorithm for HIV diagnosis (https://stacks.cdc.gov/view/cdc/48472) recommends that laboratories use an instrumented, laboratory-based HIV Ag/Ab screening immunoassay in Step 1 of the algorithm. However, for laboratories in which an instrumented Ag/Ab test is not feasible or practical, the Determine HIV-1/2 Ag/Ab Combo assay may be used with serum or plasma for Step 1 in the laboratory algorithm.

[3] **BioPlex 2200 HIV Ag-Ab Assay.** When the BioPlex overall result (HIV Ag-Ab) is reactive, report the overall result as well as all results, reactive and nonreactive, for the individual analytes (HIV-1 p24 Ag, HIV-1 Ab and HIV-2 Ab).

[4] **Elecsys HIV Duo.** When the Elecsys Duo overall result (HIV Ab and HIV-1 Ag) is reactive, report all available results i.e., overall result and (if possible) reactive and nonreactive results for the individual analytes (HIV1+2 Ab and HIV-1 p24 Ag).

Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and the New York State Department of Health

Non-Differentiating HIV Ag/Ab Screening Assay (Step 1)

Step 1 HIV Ag/Ab Assay	Step 2 HIV-1/HIV-2 Ab Differentiation Assay[1]	Step 3 HIV-1 RNA or HIV-1/HIV-2 RNA	Interpretation for Laboratory Report returned to Health Care Provider	Results reported to the New York State Department of Health
NR	N/A	N/A	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection.[9]	NOT reportable
R	HIV-1 Pos[3]	N/A	Positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection is present.[2]	Report all results
R	HIV-2 Pos[4]	N/A	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present.[2,8]	Report all results
R	HIV Pos Untypable	N/A	Positive for HIV-1 and HIV-2 antibodies. Laboratory evidence of HIV-1 and/or HIV-2 infection is present. HIV-1 NAT and HIV-2 NAT are recommended to verify or rule out HIV-1/HIV-2 dual infection.[2,8]	Report all results
R	HIV Ab Neg or Any IND (HIV-1, HIV-2 or HIV)	HIV-1 RNA Detected[5,6]	Positive for HIV-1. Laboratory evidence of HIV-1 infection consistent with an acute or early HIV-1 infection.[2]	Report all results
R	HIV Ab Neg or Any IND (HIV-1, HIV-2 or HIV)	HIV-1 RNA Not Detected, HIV-2 RNA Detected[5,6]	Positive for HIV-2. Laboratory evidence of HIV-2 infection consistent with an early HIV-2 infection.[2]	Report all results
R	HIV Ab Neg or Any IND (HIV-1, HIV-2 or HIV)	HIV-1 RNA Detected, HIV-2 RNA Detected[5,6]	Positive for HIV-1 and HIV-2. Laboratory evidence of HIV-1 and HIV-2 infections consistent with acute or early HIV-1 and HIV-2 infections.[2]	Report all results
R	HIV Ab Neg or HIV-1 IND	HIV-1 RNA or HIV-1/HIV-2 RNA Not Detected[5,6]	HIV antibodies were not confirmed and HIV-1 RNA (or HIV-1/HIV-2 RNA) was not detected. Further testing is recommended if warranted by clinical evaluation or risk factors. [8,9]	Report all results
R	HIV-2 IND or HIV IND	HIV-1 RNA Not Detected[5,6]	HIV antibodies were not confirmed and HIV-1 RNA was not detected. HIV-2 inconclusive. Further testing is recommended if warranted by clinical evaluation or risk factors [7,8,9]	Report all results
		HIV-1/HIV-2 RNA Not Detected[5,6]	HIV antibodies were not confirmed and HIV-1/HIV-2 RNA was not detected. Further testing is recommended if warranted by clinical evaluation or risk factors. [8,9]	Report all results

Abbreviations: Ag=antigen; Ab=antibody; R=reactive; NR=non-reactive; Pos=Positive; Neg=Negative; IND=Indeterminate; N/A=not applicable; NAT = nucleic acid testing

Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and the New York State Department of Health

[1] Refers to Final Assay Interpretation of the Geenius HIV-1/2 and Results Interpretation of the VioOne HIV Profile Supplemental Assays. Reporting of the individual HIV-1 and HIV-2 results to the provider is not recommended and may lead to misinterpretation of the test results.

[2] *Laboratory Report returned to Health Care provider*: Under public health law, within one day (24 hours) of diagnosis or determination of acute HIV infection and seven days of a positive laboratory result or after diagnosis, medical providers are required to report to the New York State Department of Health cases of HIV infection, HIV-related illness, AIDS and, for newly diagnosed cases, the names of all contacts known to the provider. The Provider Report Form is now able to be completed electronically using the Provider Portal on the New York State Department of Health' Health Commerce System at https://commerce.health.ny.gov. Please contact the New York State Department of Health at (518) 474-4284 for additional information.

[3] Includes the Geenius Final Assay Interpretation 'HIV-1 Positive' and VioOne HIV Profile Interpretations 'HIV-1 Positive' and 'HIV-1 Positive with Reactivity to HIV-2 Antigen'.

[4] Includes the Geenius Final Assay Interpretations 'HIV-2 Positive' and 'HIV-2 Positive with HIV-1 Cross-Reactivity' and VioOne HIV Profile Interpretations 'HIV-2 Positive' and 'HIV-2 Positive with Reactivity to HIV-1 Antigens'.

[5] If HIV-1 or HIV-1/HIV-2 RNA assays were not performed or not reported due to an invalid result, then algorithm results are inconclusive. The report should state that an HIV-1 or HIV-1/HIV-2 RNA test should be ordered as soon as possible. Contact the New York State Department of Health Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-1 and HIV-2 RNA testing.

[6] Studies have shown that the Geenius HIV-1/2 Supplemental test may produce an HIV-2 indeterminate result for specimens collected during acute HIV-1 infection. Therefore HIV-1 RNA testing is recommended when any indeterminate result occurs, regardless of HIV type. http://dx.doi.org/10.1016/j.jcv.2017.04.005.

[7] If the Geenius Final Assay Interpretation is 'HIV-2 indeterminate' or 'HIV indeterminate' and HIV-1 RNA was not detected, the report should instruct the provider to collect a new specimen in 2 to 4 weeks and repeat the algorithm. If a Geenius Final Assay Interpretation of 'HIV-2 indeterminate' or 'HIV indeterminate' persists upon repeat testing, an HIV-2 NAT is recommended.

[8] Refer providers to the New York State Department of Health Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-1 or HIV-2 NAT, including viral load testing for HIV-2 positive patients.

[9] There has been an increase in the use of antiretrovirals (ARVs) for pre-exposure prophylaxis (PrEP) and for treatment that begins earlier in the course of infection. ARVs can impact the normal development of HIV markers (RNA, antigen, antibodies) in an infected person and may lead to negative test results or test results that fluctuate between negative and positive in subsequent specimens. Because laboratories may not receive complete information about ARV use in patients, they may consider including a note on all negative test reports stating "Antiretroviral drugs taken for treatment or prophylaxis may limit the ability of diagnostic tests to detect HIV infection".

Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and the New York State Department of Health

Differentiating HIV Ag-Ab Screening Assay (Step 1)

Step 1 - Differentiating HIV Ag-Ab				Step 2	Step 3	Interpretation Language for Laboratory Report Returned to Health Care Provider[11]	Results reported to NYSDOH
HIV Ag-Ab	HIV-1 Ag	HIV-1 Ab	HIV-2 Ab	HIV-1/HIV-2 Ab Differentiation [1]	HIV-1 RNA or HIV-1/-2 RNA		
NR	NR	NR	NR	N/A	N/A	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection.[9]	NOT reportable
R	R	NR	NR	Not positive for HIV antibodies[10]	HIV-1 RNA Detected[5,6]	Positive for HIV-1. Laboratory evidence of HIV-1 infection consistent with an acute HIV-1 infection.[2]	Report all results[12]
R	R	NR	NR	Not positive for HIV antibodies[10]	HIV-1 RNA Not detected[5,6]	HIV-1 RNA was not detected. Further testing is recommended if warranted by clinical evaluation or risk factors.[9]	Report all results[12]
R	NR, R or UR	R	NR	HIV-1 Pos[3]	N/A	Positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection is present. [2]	Report all results[12]
		R-UND	R-UND				
R	NR	NR	R	HIV-2 Pos[4]	N/A	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present. [2,8]	Report all results[12]
		R-UND	R-UND				
R	R or UR	NR	R	HIV-2 Pos[4]	HIV-1 RNA Not detected[5,6]	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present. [2,8]	Report all results[12]
		R-UND	R-UND				
R	R or UR	NR	R	HIV-2 Pos[4]	HIV-1 RNA Detected[5,6]	Positive for HIV-1 RNA and HIV-2 antibodies. Laboratory evidence is consistent with acute HIV-1 infection and HIV-2 infection; HIV-2 RNA or DNA testing is recommended to verify HIV-1/HIV-2 co-infection. [2,8]	Report all results[12]
		R-UND	R-UND				
R	NR, R or UR	R	NR	HIV Pos Untypable	N/A	Positive for HIV-1 and HIV-2 antibodies. Laboratory evidence of HIV-1 and/or HIV-2 infection is present. HIV-1 NAT and HIV-2 NAT are recommended to verify or rule out HIV-1/HIV-2 dual infection. [2,8]	Report all results[12]
		R-UND	R-UND				
		NR	R				
R	NR, R or UR	R	NR	NR or Any IND (HIV-1, HIV-2 or HIV)	HIV-1 RNA Detected[5,6]	Positive for HIV-1. Laboratory evidence of HIV-1 infection consistent with an acute or early HIV-1 infection. [2]	Report all results[12]
		R-UND	R-UND				
R	NR, R or UR	NR	R	NR or Any IND (HIV-1, HIV-2 or HIV)	HIV-1 RNA Not detected, HIV-2 RNA Detected[5,6]	Positive for HIV-2. Laboratory evidence of HIV-2 infection consistent with an early HIV-2 infection. [2]	Report all results[12]
		R-UND	R-UND				
R	NR, R or UR	R	NR	NR or Any IND (HIV-1, HIV-2 or HIV)	HIV-1 RNA Detected, HIV-2 RNA Detected[5,6]	Positive for HIV-1 and HIV-2. Laboratory evidence of HIV-1 and HIV-2 infections consistent with acute or early HIV-1 and HIV-2 infections. [2,8]	Report all results[12]
		R-UND	R-UND				
		NR	R				
R	NR, R or UR	R	NR	NR or HIV-1 IND	HIV-1 RNA or HIV-1/HIV-2 RNA Not detected[5,6]	HIV antibodies were not confirmed, and HIV-1 RNA (or HIV-1/HIV-2 RNA) was not detected. Further testing is recommended if warranted by clinical evaluation or risk factors. [8,9]	Report all results[12]
R	NR, R or UR	NR	R	HIV-2 IND or HIV IND	HIV-1 RNA Not detected[5]	HIV antibodies were not confirmed, and HIV-1 RNA was not detected. HIV-2 inconclusive. Further testing is recommended if warranted by clinical evaluation or risk factors.[7,8,9]	Report all results[12]
		R-UND	R-UND		HIV-1/HIV-2 RNA Not detected[5,6]	HIV antibodies were not confirmed, and HIV-1/HIV-2 RNA was not detected. Further testing is recommended if warranted by clinical evaluation or risk factors.[8,9]	

Abbreviations: Ag=antigen; Ab=antibody; R=reactive; NR=non-reactive; UR=unreportable HIV-1 Ag due to high HIV Ab level; R-UND=Reactive-Undifferentiated; Pos=Positive; IND=Indeterminate; N/A=not applicable; NAT= nucleic acid testing; NYSDOH = New York State Department of Health

Guidance for Reporting Results of HIV Diagnostic Testing Algorithm to Providers and the New York State Department of Health

[1] Refers to Final Assay Interpretation of the Geenius HIV-1/2 and Results Interpretation of the VioOne HIV Profile Supplemental Assays. Reporting of the individual HIV-1 and HIV-2 results to the provider is not recommended and may lead to misinterpretation of the test results.

[2] *Laboratory Report returned to Health Care provider*: Under public health law, within one day (24 hours) of diagnosis or determination of acute HIV infection and seven days of a positive laboratory result or after diagnosis, medical providers are required to report to the New York State Department of Health cases of HIV infection, HIV-related illness, AIDS and, for newly diagnosed cases, the names of all contacts known to the provider. The Provider Report Form is now able to be completed electronically using the Provider Portal on the New York State Department of Health' Health Commerce System at https://commerce.health.ny.gov. Please contact the New York State Department of Health at (518) 474-4284 for additional information.

[3] Includes the Geenius Final Assay Interpretation 'HIV-1 Positive' and VioOne HIV Profile Interpretations 'HIV-1 Positive' and 'HIV-1 Positive with Reactivity to HIV-2 Antigen'.

[4] Includes the Geenius Final Assay Interpretations 'HIV-2 Positive' and 'HIV-2 Positive with HIV-1 Cross-Reactivity' and VioOne HIV Profile Interpretations 'HIV-2 Positive' and 'HIV-2 Positive with Reactivity to HIV-1 Antigens'.

[5] If HIV-1 or HIV-1/-2 RNA assays were not performed or not reported due to an invalid result, then algorithm results are inconclusive. The report should state that an HIV-1 or HIV-1/-2 RNA test should be ordered as soon as possible. Contact the New York State Department of Health Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-1 and HIV-2 RNA testing.

[6] Studies have shown that the Geenius HIV-1/2 Supplemental test may produce an HIV-2 indeterminate result for specimens collected during acute HIV-1 infection. Therefore HIV-1 RNA testing is recommended when any indeterminate result occurs, regardless of HIV type. http://dx.doi.org/10.1016/j.jcv.2017.04.005.

[7] If the Geenius Final Assay Interpretation is 'HIV-2 indeterminate' or 'HIV indeterminate' and HIV-1 RNA was not detected, the report should instruct the provider to collect a new specimen in 2 to 4 weeks and repeat the algorithm. If a Geenius Final Assay Interpretation of 'HIV-2 indeterminate' or 'HIV indeterminate' persists upon repeat testing, an HIV-2 NAT is recommended.

[8] Refer providers to the New York State Department of Health Wadsworth Center Bloodborne Viruses Laboratory at (518) 474-2163 for assistance with HIV-1 or HIV-2 NAT, including viral load testing for HIV-2 positive patients.

[9] There has been an increase in the use of antiretrovirals (ARVs) for pre-exposure prophylaxis (PrEP) and for treatment that begins earlier in the course of infection. ARVs can impact the normal development of HIV markers (RNA, antigen, antibodies) in an infected person and may lead to negative test results or test results that fluctuate between negative and positive in subsequent specimens. To account for the fact that laboratories may not receive complete information about ARV use in patients, they may consider including a note on all negative test reports stating "Antiretroviral drugs taken for treatment or prophylaxis may limit the ability of diagnostic tests to detect HIV infection".

[10] The CDC's current recommendations advise laboratories to conduct a supplemental HIV-1/HIV-2 antibody differentiation assay on all specimens that are reactive on a HIV Ag-Ab screening assay, but they do not address the situation in which a differentiating HIV Ag-Ab screening immunoassay produces a result that is reactive for HIV-1 antigen and nonreactive for HIV-1 and HIV-2 antibodies. The interpretation in this table is recommended by the New York State Department of Health if the laboratory performs a supplemental antibody assay and the result is not positive, or if the laboratory chooses to perform the HIV-1 RNA test as the second step in the algorithm in this situation (i.e., omitting the supplemental antibody assay).

[11] For differentiating HIV Ag-Ab screening assay, the laboratory reports returned to health care provider must indicate ALL available individual analytes, including the HIV Ag-Ab, HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab.

[12] When the differentiating HIV Ag-Ab screening result is reactive (R), report results of ALL available individual analytes to the New York State Department of Health, including the HIV Ag-Ab, HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab. In addition, report ALL results of supplemental testing performed on the specimen.

Guidance for Interpretation of HIV RNA Test Results for Diagnostic Purposes (Step 3)

Three HIV nucleic acid tests (NATs) are approved by the United States Food and Drug Administration (FDA) for diagnostic use. This document provides guidance on the use of these HIV NATs in the third step of the current HIV Diagnostic Testing Algorithm. See https://www.cdc.gov/hiv/guidelines/recommendations/technical-update-for-hiv.html for additional guidance on the results and interpretations of the nucleic acid tests used for diagnostic purposes.

A. cobas HIV-1/HIV-2 Qualitative Test (Serum and Plasma)

The HIV-1/HIV-2 Qualitative test is presently the only FDA-approved qualitative NAT that provides and differentiates results for HIV-1 and HIV-2; this includes an overall result, individual results for HIV-1 and HIV-2, and a result interpretation for serum and plasma. Possible valid result combinations for the HIV-1/HIV-2 Qualitative test and interpretation are represented in the following table:

Target Results	Overall Result*	Interpretation
HIV-1 reactive and HIV-2 reactive.	Reactive	Target signal detected for HIV-1 and HIV-2.
HIV-1 reactive and HIV-2 non-reactive.	Reactive	Target signal detected for HIV-1. No target signal detected for HIV-2.
HIV-1 non-reactive and HIV-2 reactive.	Reactive	No target signal detected for HIV-1. Target signal detected for HIV-2.
HIV-1 non-reactive and HIV-2 non-reactive.	Non-Reactive	No target signal detected for HIV-1 or HIV-2.

*The reporting of overall result is not required from the cobas 5800 analyzer.

B. Aptima HIV-1 Quant Dx Assay (Serum and Plasma)

Result (copies/mL)*	Interpretation	Confirmatory Interpretation
Not detected**	Target not detected	Non-reactive for HIV-1 RNA
<30	Detected <30	Reactive for HIV-1 RNA
30 to 10,000,000	Detected and quantified	Reactive for HIV-1 RNA
>10,000,000	>10,000,000	Reactive for HIV-1 RNA

*Quantitative results can be reported on plasma samples only.
** A "Not detected" result should not be reported with a numerical value (*e.g.*, <30) to avoid confusion in conveying the absence or presence of detectable HIV-1 RNA.

C. Alinity m HIV-1 Assay

C.1.Plasma

For plasma samples, laboratories should interpret the HIV-1 RNA concentration as a qualitative result by following the 'User's Diagnostic Qualitative Interpretation' in the instructions for use, summarized in the below table.

Result (copies/mL)	Interpretation	Confirmatory Interpretation
Not detected*	Target not detected	Negative
<20	Detected <20	Positive
20 to 10,000,000	Detected and quantified	Positive
>10,000,000	>10,000,000	Positive

* A "Not detected" result should not be reported with a numerical value (*e.g.*, <20) to avoid confusion in conveying the absence or presence of detectable HIV-1 RNA.

C.2. Serum

For serum samples, quantitative results are not reported. Instead, only the qualitative results are reported as summarized in the table below.

Result	Interpretation
HIV-1 RNA not detected	Negative
HIV-1 RNA detected	Positive

Guidance to Facilitate the Public Health Reporting of HIV-related Laboratory Test Results to the New York State Department of Health

New York State Reportable HIV Related Tests:

Laboratories, blood, and tissue banks conducting HIV-related testing on New York residents and/or for New York State clinicians (regardless of patient residence) are required by regulation to electronically report to the New York State Department of Health any laboratory test, tests or series of tests approved for the diagnosis of HIV or for the periodic monitoring of HIV infection with complete patient identifiers and address.

The following results or combination of results are to be reported to the New York State Department of Health via the Electronic Clinical Laboratory Reporting System (ECLRS):

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

All HIV-related laboratory reporting, including that for New York City residents or New York City located clinicians, should be made directly to the New York State Department of Health, submitted electronically via ECLRS. Clinical laboratories are required to report results with patient identifying, demographic, and locating information, as well as the original ordering medical provider's full name, address and National Provider Identifier (NPI). For reference laboratories, the original ordering medical provider's full name, address, and NPI must be included. Referring laboratory name and address with the Clinical Laboratory Improvement Amendments (CLIA) number and the Permanent Facility Identifier (PFI) should be reported as well. For a complete list and instructions on how to report required data elements, please call 518-474-4284.

New York State HIV Data Elements:

The federal funding available for care and monitoring of persons with HIV/AIDS is directly impacted by the surveillance case counts created by laboratory reports. CDC case confirmation and eligibility are dependent on the complete and accurate submission of the following variables in addition to the laboratory test result and ordering physician information that you submit.

For case confirmation, surveillance records must contain a known value for the following:

Patient name
Date of birth
Sex assigned at birth
Race and ethnicity[1]
Patient residence at time of test

We appreciate your attention to the submission of these crucial identifying and demographic variables. If you are aware of specific providers or clients who are delinquent in providing you these critical variables for NYS reporting, please contact us for assistance. The ECLRS manual is a resource outlining a complete listing of all required, critical and preferred data elements and the appropriate formatting of each data element.

[1] Race and ethnicity are distinct concepts and should be ascertained separately at intake and reported as distinct variables via ECLRS.

OMB RACE AND ETHNICITY FEDERAL REPORTING GUIDELINES

RACE AND ETHNICITY STANDARDS FOR FEDERAL STATISTICS AND ADMINISTRATIVE REPORTING
(as adopted on May 12, 1977)

This Directive provides standard classifications for record keeping, collection, and presentation of data on race and ethnicity in Federal program administrative reporting and statistical activities.

The standards have seven categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, and Unknown. There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino."

Categories and Definitions

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

Race:

- **American Indian or Alaska Native**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Report to ECLRS as race=I or Logical Observation Identifiers Name and Codes (LOINC)=1002-5.[2]
- **Asian**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Report to ECLRS as race=A or LOINC=2028-9. [2]
- **Black or African American**. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." Report to ECLRS as race=B or LOINC=2054-5. [2]
- **Native Hawaiian or Other Pacific Islander**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Report to ECLRS as race=P or LOINC=2076-8.[2]
- **White**. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Report to ECLRS as race=W or LOINC=2106-3. [2]
- **Other.** A person whose origins are not described above. Report to ECLRS as race=O or LOINC=2131-1. [2]
- **Unknown.** A person whose racial information is not available. Report to ECLRS as race=U.[2] LOINC is not available for this category.

Ethnicity:

- **Hispanic or Latino**. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." Report to ECLRS as ethnicity=H or LOINC=2135-2. [2]
- **Not Hispanic.** A person of not of Hispanic origin. Report to ECLRS as ethnicity=N or LOINC=2186-5. [2]

Respondents shall be offered the option of selecting one or more racial designations. Recommended forms for the instruction accompanying the multiple response question are "Mark one or more" and "Select one or more."

[2] Use these codes if reporting to ECLRS via file transfer. For additional information, please see the Office of Budget and Management, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity

Identifying Cases of Acute HIV Infection

Background

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

Symptoms of Acute HIV Infection

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

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

Updated Clinical Guidelines for Diagnosing and Managing Acute HIV Infection

In July of 2021, the NYS Clinical Guidelines Program updated clinical guidelines on the diagnosis and management of acute HIV infection. These guidelines acknowledge the importance of screening for AHI and early initiation of anti-retroviral treatment (ART), including during the acute phase of infection. The guidelines direct clinicians to include AHI in the differential diagnosis for *anyone* (regardless of reported risk) with a flu- or mono-like illness especially when the patient:

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

When acute HIV infection is suspected:

- Clinicians should always perform a plasma HIV RNA assay in conjunction with an Ag/Ab combination immunoassay screening test.
- Clinicians should use an Ag/Ab combination immunoassay (preferred) as the initial HIV screening test according to the standard HIV laboratory testing algorithm.
- If the screening test is reactive, clinicians should perform an HIV-1/HIV-2 Ab differentiation immunoassay to confirm HIV infection.
    - Note: When rapid Ab screening is performed, even with a rapid Ag/Ab combination immunoassay, a laboratory-based Ag/Ab combination immunoassay is recommended for follow-up diagnostic HIV testing.
- Clinicians can presume the diagnosis of acute HIV when high levels (>10,000 copies/mL) of HIV RNA are detected in plasma with sensitive NAT, and the result of the HIV screening or type-differentiation test is negative or indeterminate.
- When a low-level quantitative HIV RNA viral load result (<10,000 copies/mL) is obtained in the absence of serologic evidence of HIV infection, the clinician should repeat HIV RNA testing and perform an Ag/Ab combination immunoassay to exclude a false-positive result. (A2)
    - Note: A serologic test result that does not meet the criteria for HIV infection is a nonreactive screening result (Ab or Ag/Ab combination) or a reactive screening result with a nonreactive or indeterminate Ab differentiation confirmatory result.
- Clinicians should seek expert consultation when an ambiguous HIV result is obtained for an individual taking PrEP because the diagnosis of acute HIV can be particularly challenging in patients taking PrEP.

Key Points for Identification of Cases of Acute HIV:

1. Be alert for the symptoms of acute HIV.
2. Ask patients with symptoms suggestive of acute HIV about possible recent sexual or needle sharing behavior and recent sexually transmitted infection.
3. Perform a plasma HIV RNA assay in conjunction with an Ag/Ab combination immunoassay screening test.
4. Be familiar with the updated HIV testing algorithm (See Section 5)

The **Medical Provider HIV/AIDS and Partner/Contact Report Form** (**PRF**) (**DOH-4189**), must be submitted within 24 hours of diagnosis of acute HIV, including primary HIV infection, acute retroviral syndrome, and early HIV infection.

For clinical training on acute HIV infection, visit www.ceitraining.org and type acute HIV infection into the search bar.

EXPECT THE TEST

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

Routine Lab Tests

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

HERE'S WHAT YOU NEED TO KNOW ABOUT HIV TESTING

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

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

NEW YORK STATE | Department of Health

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ESPERE LA PRUEBA

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

Pruebas de laboratorio de rutina

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

ESTO ES LO QUE DEBE SABER SOBRE LAS PRUEBAS DE VIH

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

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

NEW YORK STATE | Department of Health

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More information and help.

New York State Department of Health
health.ny.gov/diseases/aids/publications

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

English: 1-800-541-AIDS

Spanish: 1-800-233-SIDA

TDD: 1-800-369-2437

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

NYSDOH Anonymous HIV Counseling and Testing Program

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

Albany Region: 1-800-962-5065

Buffalo Region: 1-800-962-5064

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

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

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

Syracuse Region: 1-800-562-9423

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

More information and help.

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

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

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

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

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

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

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NEW YORK STATE | Department of Health

5/18

EXPECT THE TEST

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

Routine Lab Tests

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

Worst HIV status: unknown
Testing puts you in control.

hivtestny.org, Health.ny.gov/aids, NYC.gov/health

Key facts to know before getting an HIV Test.

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

HIV testing is especially important for pregnant women.

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

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

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

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

Más información y ayuda.

Departamento de Salud del Estado de Nueva York
health.ny.gov/diseases/aids/publications

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

Inglés: 1-800-541-AIDS

Español: 1-800-233-SIDA

TDD: 1-800-369-2437

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

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

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

Región de Albany: 1-800-962-5065

Región de Búfalo: 1-800-962-5064

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

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

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

Región de Syracuse: 1-800-562-9423

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

Más información y ayuda.

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

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

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

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

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

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

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

NEW YORK STATE | Department of Health

9823 (Spanish) 7/17

ESPERE LA PRUEBA

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

Pruebas de laboratorio de rutina

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

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

hivtestny.org, Health.ny.gov/aids, NYC.gov/health

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

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

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

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

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

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

Information on Nonreactive HIV Test Results

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

Can you be infected with HIV even though the result was nonreactive?

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

What actions put you at risk for getting HIV and/or sexually transmitted infections (STIs)?

- Engaging in anal, vaginal or oral sex without a condom or dental dam.
- Sharing unclean drug paraphernalia like syringes and cookers, or sharing unclean needles used for tattoos and body piercing.
- The use of drugs and/or alcohol can also put you at risk by making it harder for you to practice safe behavior.

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

Even if you are nonreactive today, testing and retesting of both the pregnant person and sex partners may be indicated based on risk factors for HIV. It is important to know your HIV status because HIV can be passed to your baby during pregnancy, delivery or through breastfeeding.

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

- **Abstain** - Not having sex or sharing needles, syringes or other drug injection equipment with a person who has HIV or whose HIV status you don't know is a sure way to protect yourself from HIV.
- **Use a latex male condom or a female condom**. Condoms work very well to prevent HIV and other sexually transmitted diseases if you use them the right way, every time you have sex.
- **PrEP (Pre-Exposure Prophylaxis)** is a medication that can prevent HIV infection. If you are at risk for HIV, taking PrEP as prescribed by a health care provider can greatly reduce your risk of HIV. PrEP is available as a daily pill, or as a pill you take right before and after you have risk, or as an injection. Ask your provider if PrEP may be right for you.
- **PEP (Post-Exposure Prophylaxis)** is an **emergency** medication that can protect you from HIV if you take it as soon as possible after the exposure, ideally within 2 hours and no later than 72 hours after an exposure. If you are HIV-nonreactive and think you were exposed to HIV through sexual or needle sharing contact with someone who has or might have HIV, go **immediately** to an **emergency room** and ask for PEP, **OR** call one of the following **PEP hotlines** where you can consult with a medical provider and, if you need PEP, they will call in the prescription to pharmacy near you.
  PEP HOTLINES: Outside NYC: 844-PEP4NOW (844-737-4669) In NYC: 844-3-PEPNYC (844-373-7692)
- **Be sober** – Using drugs or alcohol causes changes in awareness, attitude, consciousness, and behavior and can lower your ability to make decisions about safer sex and using clean needles and works.
- **If you use needles or syringes:**
  - Use new needles and equipment each time and don't share anything, including cotton or water.
  - Have naloxone available to prevent deaths opioid overdose. Most heroin, some pills, cocaine, and methamphetamine may contain fentanyl. Learn about resources to test what's in the drug.
  - Do not share needles for ear piercing, body piercing or tattooing.
  - NEVER buy needles on the street, even if they look new.
- **Expanded Syringe Access Programs** provide needles and syringes at pharmacies and other locations: https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/overview.htm
- **Syringe Exchange Programs, Drug User Health Hubs** provide support services, injection equipment, naloxone and fentanyl/xylazine test strips free of charge. https://www.health.ny.gov/health_care/medicaid/redesign/mrt8401/harm_reduction_seps.htm

If you have been diagnosed as living with HIV.

1. **HIV testing involves a series of tests. At least two tests indicated that you are living with HIV. HIV is a lifelong health condition that can be managed.**

2. **You can live a healthy life with HIV.**
   - HIV treatment is very effective, has few or no side effects and may involve taking just one pill once a day.
   - Getting into treatment as soon as possible will help you stay healthy and reduce the chance of passing HIV to your partner(s).

3. **Your tester will schedule, with your permission, a follow-up appointment with a health care provider.**
   - If you are diagnosed as living with HIV, every effort will be made to link you directly to primary care, prevention, support and partner services.
   - It is not enough for a tester to give you contact information for a Designated AIDS Center (DAC) or an HIV experienced provider. They must actively link you to primary care.
   - The health care professional who conducted HIV testing must schedule, with your permission, a follow-up medical appointment for HIV care. The appointment is voluntary.
   - Minors may consent to their own HIV treatment without the involvement of a parent or guardian.

4. **There is financial assistance for HIV medical care and HIV medications.**
   - Medicaid and private insurance plans cover HIV treatment and medications.
   - If you need assistance, talk with your health care provider, social services provider or call the Uninsured Care Programs. Program's Hours of Operation: Monday - Friday, 8:00AM - 5:00PM; In State - Toll Free 1-800-542-2437 or 1-844-682-4058 Out of State - (518) 459-1641; TDD - (518) 459-0121

5. **Your health provider will talk with you about notifying your sex partners or needle-sharing partners.**
   - Your partners need to know that they may have been exposed to HIV so they can get tested and treated if they have HIV.
   - If, you are uncomfortable notifying your partners on your own, your health care provider can notify them (either with you or without you present).

New York State Department of Health AIDS Institute, June 2024

- Health Department Counselors (Partner Services Specialists) can also help notify your partner(s) without ever telling them your name.
- If your health care provider knows the name(s) of your spouse or other partners, he or she must report the names of these individuals to the Health Department.
- To ensure your safety, the Partner Services Specialist or your health care provider will ask you questions about the risk of domestic violence for each partner to be notified.
- If there is any risk that your partner would hurt you, the Partner Services Specialist or your health care provider will not notify partners right away and will assist you in getting help.

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

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

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

More Information and Help

New York State Department of Health website
www.health.ny.gov/diseases/aids

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

Uninsured Care Program
Program's House of Operation: Monday – Friday – 8:00 am – 5 pm
In State: Toll free 1-800-542-2437
Out of State: 518-459-1641
TDD – 518-459-0121

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

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

New York State 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

Human rights/discrimination
New York State Division of Human Rights: 1-718-741-8400
New York City Commission on Human Rights: 1-212-306-7500

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

New York State Public Health Law (PHL) related to HIV testing has evolved over the years to keep pace with changes in the epidemic and clinical practice. Key provisions were enacted in 2010, 2014, 2015 and 2016 and comprehensive updated ***HIV/AIDS Testing, Reporting and Confidentiality of HIV-Related Information*** regulations were finalized and published in the New York State Register on May 17, 2017.

The following changes were adopted and posted in the New York State Register on March 22, 2023:

1. Reducing the timeframe for reporting of new HIV diagnoses from 14 days to 7 days;
2. Requiring the reporting of every case of acute HIV within 24 hours of diagnosis;
3. Requiring the reporting of the results of HIV testing done for purposes of insurance underwriting decisions by the clinician under whose medical license the HIV-testing was ordered.

This document includes all developments since 2010 and represents the current regulatory landscape.

Clinical Background

Post-exposure prophylaxis (PEP) is very effective at preventing transmission of HIV in cases of occupational exposure to HIV-infected blood or body fluids. Health care providers managing cases of occupational exposure should be familiar with NYS Clinical Guidelines for Post Exposure Prophylaxis to Prevent HIV Infection. An HIV exposure is a medical emergency and rapid initiation of PEP—ideally within 2 hours and no later than 72 hours post exposure—is essential to prevent infection. PEP should not be delayed while awaiting information about the source patient's HIV status/ test result or results of the exposed worker's baseline HIV test. A seven-day starter pack should be provided and arrangements made for obtaining the supply of PEP drugs to complete the 28-day regimen.

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

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

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

HIV Testing of the Source Patient

Known HIV Status: If the HIV status of the source patient is known, the information may be accessed from the medical record to assist in the decision-making process for initiation of PEP.
Unknown HIV Status: If the HIV status of the patient is not known, consent for voluntary HIV

testing of the source patient should be sought as soon as possible after the exposure. In NYS, when the source patient has the capacity to consent to HIV testing, the individual should be informed that HIV testing will be performed unless they object to being tested. Key points about HIV should be provided. If the patient objects to the test, HIV testing cannot be performed.

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

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

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

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

Anonymous Testing of Source Patient

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

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

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

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

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

Documentation Requirements
<u>For the Source Patient</u>
When an HIV test is requested of the source patient or his or her surrogate, the following items should be documented:

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

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

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

FREQUENTLY ASKED QUESTIONS

FAQ 1: If the source patient declines testing in a case of occupational exposure, may we test him or her anonymously?
No. If the source patient declines testing, no HIV test may be conducted.

FAQ 2: If a source patient is tested anonymously for an occupational exposure, can we inform the patient when they have regained consciousness that testing was conducted?
Yes. The law does not preclude the source patient from being informed that a test was conducted. However, you cannot inform the patient of the result or place it in the individual's medical record. A confidential test could be ordered with the patient's consent at that point so the individual would have the benefit of knowing the result of the HIV test.

FAQ 3: How does this standard address HIV testing for a deceased source patient when the next of kin or other person representing the estate is available?
In a situation in which a source patient is deceased, anonymous testing should be done. When a patient expires, health care proxy and other surrogacy status ends with death. In these cases, it is important to note that the result of the anonymous test is only provided to the health care provider of the exposed person and would not be provided to the next of kin or person representing the estate.

Important Resources

Occupational Exposure Resources For Emergency Responders: A host of resources related to emergency responders and occupational exposure to blood borne pathogens can be found on the DOH website. For more information, Office of the Medical Director, AIDS Institute at 518-473-8815

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

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

Information for Parents About HIV Testing and Treatment For Minors

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

Why offer HIV testing to teenagers?
Thousands of New Yorkers are unaware that they are living with HIV. Data from 2022, indicated that 3.1% of newly diagnosed cases of HIV were among young people age 13 to 19 and 17.7% of new cases were among young people under the age of 24. The only way to know if a person is living with HIV is to be tested.

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

Key Facts About Adolescence:

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

Medical appointments with children aged 13 and older routinely include time for the provider to meet with your child individually. This is important to establish an effective provider-patient relationship and it helps your young person learn how to take responsibility for their own health.

Common Questions Parents Have About HIV Testing

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

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

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

GENERAL QUESTIONS

Why was the release form revised?

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

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/.

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.

New York State Department of Health
AIDS Institute

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

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

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

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

I consent to disclosure of (please check all that apply):

- ☐ My HIV-related information
- ☐ My non-HIV health information
- ☐ Both (non-HIV health and HIV-related information)

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

_____

_____

Name of person whose information will be released: _____

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

_____

_____

Relationship to person whose information will be released: _____

_____

Describe information to be released: _____

Reason for release of information: _____

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

Exceptions to the right to revoke consent, if any:

_____

_____

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

_____

_____

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

Signature _____ Date _____

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

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.**

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:

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:

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.**

Instituto del SIDA del Departamento de Salud
del estado de Nueva York

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

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

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

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

Autorizo la divulgación de (marque lo que corresponda):

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

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

_____

_____

Nombre de la persona cuya información será divulgada: _____

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

_____

_____

Relación con la persona cuya información será divulgada: _____

_____

Describir la información que se va a divulgar: _____

Motivo de divulgación de la información: _____

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

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

_____

_____

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

_____

_____

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

Firma _____ Fecha _____

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

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

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

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

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

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

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

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

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

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

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

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

Nombre en letra de molde _____

Número de cliente/paciente _____

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

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

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

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

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

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

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

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

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

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

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

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

Firma ______________________________ Fecha ______________
(SUJETO DEL QUE SE INFORMA O REPRESENTANTE LEGALMENTE AUTORIZADO)

Número de cliente/paciente ______________________________

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

NEW YORK STATE | Department of Health | AIDS Institute

Technical Assistance Bulletin:

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

General Questions

Why was a "combined" release form created?

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

Does the new form replace other release forms?

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

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

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

Can information released using this form be re-disclosed?

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

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

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

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

Completing the Form

Patient Name, Date of Birth, Patient Identification Number and Patient Address:
This refers to the patient's name, date of birth and current place of residence. The patient identification number is used for reference by the provider or facility.

#5. Name and Address of Provider or Entity to Release this Information:
This refers to the provider or entity that will release the information regarding the patient, which is likely to be the provider completing the form. It is best practice to name a specific individual and their facility address.

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

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

#8. Unless previously revoked by me, the specific information below may be disclosed from (insert start date) until (insert expiration date or event):
This refers to the time period during which the release of information is authorized. Time frames should be specific to the month, day and year, and must be included for the form to be considered complete and valid. Best practice is to use a one-year expiration from the date the form is created and signed by the patient or authorized representative (e.g., 10/15/11 until

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

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

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

#9. If not the patient, name of person signing form:
This refers to the name of the patient's authorized representative, which must be specified if the form is not signed by the patient.

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

Signature of Patient or Representative Authorized by Law and Date:
This form is incomplete until the patient or the patient's representative authorized by law has signed and dated the form, authorizing that he or she has reviewed the form and understands it. Once the form has been signed and dated, the form must not be changed in any way.

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

NEW YORK STATE DEPARTMENT OF HEALTH

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

Patient Name	Date of Birth	Patient Identification Number
Patient Address		

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

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

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

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

7. Purpose for Release of Information:

8. Unless previously revoked by me, the specific information below may be disclosed from: _____ (INSERT START DATE) until _____ (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.

	Information to be Disclosed	Initials
☐ Records from alcohol/drug treatment programs		
☐ Clinical records from mental health programs*		
☐ HIV/AIDS-related Information		

9. If not the patient, name of person signing form:	10. Authority to sign on behalf of patient:

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

_____ _____
SIGNATURE OF PATIENT OR REPRESENTATIVE AUTHORIZED BY LAW — DATE

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

_____ _____ _____
STAFF PERSON'S NAME AND TITLE — SIGNATURE — DATE

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

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

DEPARTAMENTO DE SALUD DEL ESTADO DE NUEVA YORK

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

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

Solicito, o mi representante autorizado solicita, que se divulgue la información de salud sobre mi atención y tratamiento tal como se establece en este formulario. Entiendo que:

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

5. Nombre y dirección del proveedor o entidad a la que se divulgará esta información

6. Nombre y domicilio de la(s) persona(s) a quienes se divulgará esta información:

7. Motivo de la divulgación de información:

8. Salvo previa revocación de mi parte, la siguiente información específica que aparece a continuación puede ser divulgada desde: _____ (INSERTAR FECHA DE INICIO) hasta _____ (INSERTAR FECHA DE EXPIRACIÓN O EVENTO)

☐ Toda la información de salud (escrita u oral), excepto:

_____

Para que lo siguiente se divulgue, especifique lo que se divulgará e inícielo.

	Información que se va a divulgar	Iniciales
☐ Registros de programas de tratamiento por alcoholismo/drogas		
☐ Registros clínicos de programas de salud mental*		
☐ Información relacionada con VIH/SIDA		

9. En caso de no tratarse del paciente, nombre de la persona que firma el formulario:	10. Autorizado para firmar en nombre del paciente:

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

_____ _____
FIRMA DEL PACIENTE O REPRESENTANTE LEGALMENTE AUTORIZADO — FECHA

Declaración/Firma del testigo: He sido testigo de la ejecución de esta autorización y declaro que se ha entregado una copia de autorización firmada al paciente o al representante autorizado.

_____ _____ _____
NOMBRE Y PUESTO DEL INTEGRANTE DEL PERSONAL — FIRMA — FECHA

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

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

Additional Resources: Internet Links

New York State Department of Health Webpage on HIV Testing: This webpage provides a "portal" to all AIDS Institute guidance and materials on HIV testing.
http://www.health.ny.gov/diseases/aids/providers/testing/

Frequently Asked Questions Regarding New York State's HIV Testing Law
https://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_fact_sheet.pdf

AIDS Institute Resource Directories: This webpage provides links to several different directories including the HIV Provider Directory, Faith-based Ministries, Dental Providers, and others.
http://www.health.ny.gov/diseases/aids/general/resources/index.htm

AIDS Institute Provider Directory: The clinicians and service providers in this directory have joined voluntarily. Other qualified providers in New York State also provide clinical care related to these services. Inclusion in this directory does not confer any endorsement by the NYSDOH nor does it establish NYSDOH credentialing or certification in a specialty.
https://providerdirectory.aidsinstituteny.org/

HIV Clinical Guidelines: The NYSDOH AIDS Institute collaborates with Johns Hopkins University School of Medicine, Division of Infectious Diseases to develop and disseminate HIV clinical guidelines and related quality-of-care information.
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