

# **ANONYMOUS OR CONFIDENTIAL**

## **IT IS UP TO YOU**

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### **ANONYMOUS**

- **Client gives no name...A number is used to identify your results**
- **Client receives nothing in writing**
- **No record indicates your identity**
- **Client must return for results, no way to notify**

### **CONFIDENTIAL**

- **Client gives name, address, and age**
- **Client's blood is identified only by a number. No name is ever attached**
- **Client receives a copy of the test results. Client's name is on the record**
- **Client who is positive and does not return will be contacted by name and address to secure testing by the Ohio Department of Health.**

# NOTIFICATION OF PRIVACY PRACTICES

.....  
**PORTSMOUTH CITY HEALTH DEPARTMENT**  
.....

Patient Name: \_\_\_\_\_

Medical Record: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

**MY SIGNATURE ON THIS FORM ACKNOWLEDGES THAT I WAS OFFERED A COPY OF THE PORTSMOUTH CITY HEALTH DEPARTMENTS NOTICE OF PRIVACY PRACTICES. I UNDERSTAND THAT THIS DOCUMENT PROVIDES AN EXPLANATION OF THE WAYS IN WHICH MY HEALTH INFORMATION MAY BE USED OR DISCLOSED BY PCHD AND OF MY RIGHTS WITH RESPECT TO MY HEALTH INFORMATION.**

I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

\_\_\_\_\_  
**Patient's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient's**

\_\_\_\_\_  
**Date**

**Representative if patient is**

**Unable to sign**

.....  
**TO BE COMPLETED BY HEALTH DEPARTMENT EMPLOYEE IF FORM IS NOT SIGNED**  
.....

1. Was the patient offered a copy of the agency's Notice of Privacy Practices?    Yes            No

2. Reason for patient's declining to sign this form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Dept. Employee

\_\_\_\_\_  
Date

**OHIO DEPARTMENT OF HEALTH  
246 N. High Street, P.O. Box 118  
Columbus, Ohio 43266-0118**

**CONSENT FORM FOR HIV ANTIBODY TEST—CONFIDENTIAL**

**WHAT IS HIV?** The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

**HOW DO PEOPLE GET HIV? PEOPLE MAY BE INFECTED BY:**

- (1) By having sex with someone whom is HIV infected and not using a condom. Vaginal, anal, and oral sex can spread HIV.
- (2) Sharing the same needle while using drugs with someone who is HIV infected.
- (3) Having a blood transfusion before 1985.
- (4) Being born to a mother who is infected with HIV.

**HOW IS AN HIV TEST DONE?** A simple oral test is done by using OraSure or a sample of your blood or other body fluid is tested for antibodies. If the test is positive, more tests are done on the same sample to make sure the first test was right. If the other tests come back positive, you are considered to be infected.

**WHAT DOES A POSITIVE TEST MEAN?** A positive test does NOT mean you have AIDS. It means that you have the virus that can lead to AIDS, which can take up to ten years to develop. It also means you could pass the virus to someone else through sex or sharing needles. **IF YOUR TEST IS POSITIVE, YOU SHOULD:**

- \* See a doctor to find out what medicines you can take to help keep you healthy.
- \* Talk with an expert about how to keep from passing the virus to others. The person who gives you the test can help you.
- \* Work with staff from the Ohio Department of Health to tell anyone you have had sex or shared needles with that they need to get an HIV test. Your name will NOT be used.

**WHAT IF THE TEST IS NEGATIVE?** It means no antibodies to the virus were found. However, you may need to take another test if you have had unsafe sex or shared needles in the last three months. It can sometimes take as long as three months for antibodies to show up on a test.

**YOU HAVE A CHOICE:** You can choose NOT to take this test at any point during your clinic visit by simply leaving the clinic site. If you are in a hospital or other health facility, you need to let someone know within one hour after blood is drawn that you have changed your mind.

- \* If you choose to take this test, you can take a confidential test. You must sign your legal name, current address, social security number, and a phone number. This means you may have a written copy of your results. This means your test results cannot be given to anyone. You must bring the card with your test number on it with you in order to get the results. The law requires that positive HIV tests be reported to the Ohio Department of Health.
- \* If you do not want your name used, you can take an anonymous test. Your name is not used. Someone tells you the results, but no written results are given to you.

**PLEASE ASK QUESTIONS!!!** If you have any questions about this test, please ask a doctor, a counselor or call the Ohio AIDS/HIV/STD Hotline at 1-800-332-AIDS (2437). **THE HOTLINE IS A FREE CALL.**  
I have read the above, or have had it read to me, and I agree to be tested for HIV.

NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PORTSMOUTH CITY HEALTH DEPARTMENT  
HIV EDUCATION & TESTING CENTER  
PATIENT RISK – INTAKE FORM**

.....  
Please complete the following questions. Responses to this information are used to access you HIV exposure and behavior risk(s), as well as to monitor specific risk population trends. If you have questions completing this form, please feel free to ask our staff.

1. What is your sex:    Male                      Female                      Transgender
  
2. What is your race:    Caucasian    African American  
                                 Hispanic    Native American Indian  
                                 Asian/Pacific Islander    Alaskan Native  
                                 Other: \_\_\_\_\_
  
3. What is your age: \_\_\_\_\_
  
4. What is your date of birth: \_\_\_\_\_
  
5. What state do you live in: \_\_\_\_\_
  
6. What county do you live in: \_\_\_\_\_
  
7. What is your zip code: \_\_\_\_\_
  
8. SINCE 1978, HAVE YOU EVER...? PLEASE CHECK ALL THAT APPLY  
 Had sex with a man?  
 Had sex with a woman?  
 Used needles to inject drugs?  
 Had sex while under the influence of drugs and/or alcohol?  
 Paid someone money (anything) to have sex with them?  
 Had someone pay you for a sexual favor?  
 Been diagnosed with a sexually transmitted disease (STD)?  
 Had sex with someone who is or was an injection drug user?  
 Had sex with a man who has had sex with another man?  
 Had sex with a person who has AIDS or the HIV virus?  
 Had sex with someone who used crack/cocaine?
  
9. Have you used crack/cocaine yourself in the last 12 months?     Yes     No  
    A. Snorted    B. Snorted and shared utensils (straws, spoons, etc.)    C. Pipe
  
10. Answer each of the following questions, Yes or No:  
 Yes     No    Are you a child of a woman who has HIV/AIDS?  
 Yes     No    Are you a hemophiliac/bleeder?  
 Yes     No    Have you received a blood transfusion since 1978?  
 Yes     No    Have you been exposed to a blood spill or needle stick?  
 Yes     No    Have you been sexually assaulted since 1978?  
 Yes     No    Have you ever been tested for HIV before?  
Results:     Negative     Positive     Inconclusive     Unknown

11. You have the option of testing anonymous or confidential. If your name was required to be used, would you have come here for testing?  
 Yes                       No                       Maybe                       Not Sure
12. Have you used crack/cocaine in the last 12 months?  Yes     No
13. If you have been tested before, what was the month and year? \_\_\_\_\_
14. Did you use a condom during vaginal sex in the last 12 months?  
 Always  Sometimes  Never  Don't know  Have not had vaginal sex in last 12 months
15. Was a condom used when you were the receiver (bottom) of anal (butt) sex during the last 12 months?  
 Always  Sometimes  Never  Don't know  Have not had anal sex in last 12 months
16. Was a condom used during oral sex in the last 12 months?  
 Always  Sometimes  Never  Don't know  Have not had oral sex in the last 12 months
17. How many sexual partners in the last 12 months?  
 One  Two  Three to ten  Eleven or more  None
18. MALES ONLY: Was a condom used when you were the inserter (top) of anal (butt) sex during the last 12 months?  
 Always  Sometimes  Never  Don't know  Have not had insertive anal sex in the last 12 months

**IF YOU ARE REQUESTING A CONFIDENTIAL HIV TEST, PLEASE PRINT THE FOLLOWING INFORMATION:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

# CLINIC DATA

Date: \_\_\_\_\_

ID # \_\_\_\_\_

Name \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_

D.O.B. \_\_\_\_\_

ZIP Code \_\_\_\_\_

A / C

## Risk Awareness

### Knowledge Awareness:

- Have you ever been tested before?
- What have you heard about HIV?
- ...about how people can get HIV?
- ...about how people can avoid HIV?

### Significance to Self:

- What if this were to happen to you?
- ...how could it have happened?
- How would you feel if...?

### Cost / Benefits Analysis:

- What's working for you with what you are doing now?
- What are you doing now that you would like to change?
- What is the hardest (most difficult) part of changing?
- What might be good about changing?

### Capacity Building:

- What will be the most difficult part of this for you?
- How have you handled a similar situation in the past?
- What will you need to do differently?
- When will you do this? What words will you use?

## Plan Process

- List steps client is willing to take to reduce risk.
- Clarify cost and benefits of the plan and adjust as needed.

## Education / Prevention

Materials Given:	#Pre	#Post
Pamphlets		
Spanish Literature		
Condoms		
Female Condoms		
Glydes		
Wallet		
Lubes		
Condom Demo		

Last Date of Exposure: \_\_\_\_\_

Sex Types

Circle Appr. Answers

# Partners last 12 months

Vaginal

Oral

# Partners last 3 months

Rectal

Same

Condom Use

Circle Appr. Answers

Never

Sometimes

Always

## Risk Factors / History

## Risk Reduction Plan

## Risk Reduction Strategies

Try to limit number of partners

Ask current or future partner(s) to be tested ( A partner who respects you will get tested)

Use condoms ( or at least try to increase the frequency of condom use.)

Get to know any future partner well before entering into a sexual relationship

Ask partners about sexual history (ex. Have you ever had a sexually transmitted disease?)

Avoid having sex when your judgment could be impaired. (ex. with use of alcohol or drugs)

Follow-Up Card Given

Y / N

Referral Made

Y / N

Retest Recommended

Y / N

Retest Date: \_\_\_\_\_