HIV TESTING & INTERVENTION POLICIES AND PROCEDURES MANUAL

HIV/AIDS SECTION|HIV/HEPATITIS/STI/TB DIVISION|BUREAU OF DISEASE CONTROL
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HIV Testing Policies and Procedures Manual
for IDPH HIV Prevention Grantees

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Grantee Organization Eligibility Criteria

Only organizations based within Illinois are eligible to receive HIV Prevention grant funds. These organizations may be local health departments or not-for-profit private community-based organizations, including volunteer or religious organizations which effectively engage individuals at increased risk for HIV. Funded organizations may not be a 501(c) (4) organization, or an organization whose primary mission is to engage in Illinois or federal lobbying activities.

Agency Requirements for All Risk-Based Interventions

Agencies providing risk-based HIV prevention services:

- Must ensure that counselors conducting any HIV prevention service have accurate knowledge about HIV transmission and risk reduction.
- Must ensure all counselors conducting any HIV prevention service have completed all IDPH-required training(s) for that particular funded service.
- Must ensure that all counselors conducting any HIV prevention service and all users of Provide Enterprise® database have completed the IDPH Confidentiality and Security Training, received a passing score on the training quiz, and taken the Confidentiality and Security oath within the past 12 months.
- Must include an approved recruitment component (outreach, social marketing, risk pre-screening, peer social network recruitment, health communication/public information, internet, etc.) as a part of the intervention cost.
- Must identify sites or recruitment methods likely to reach high concentrations of each specific IDPH priority population they are funded to serve.
- Must receive site authorization and a site number from IDPH before delivering services at a new site
- Must ensure their counselors provide services in a culturally responsive and competent manner.
- Must offer risk and/or harm reduction supplies to clients, as appropriate.
- Must offer appropriate referrals to health care, social services, and other HIV prevention services to enhance their health, safety, and economic well-being.
- Are encouraged to develop a signed Memorandum of Understanding (MOU) with any site-associated gatekeeper organization demonstrating the gatekeeper's agreement to HIV prevention service promotion or delivery on the premises.
- Are encouraged to develop an MOU with service provider organizations to facilitate referrals and confirm referral use.
- Must develop and maintain a **Quality Assurance Manual** including: (**Appendix I)**
    - agency policies relevant to HIV prevention
    - agency protocols for all funded HIV prevention interventions
    - documentation of required training completion for any staff conducting any intervention with training requirements
    - Memoranda of Understanding with sites and referral services
    - Physician standing orders (if testing or vaccinating)
    - CLIA waivers (if using CLIA-waived test kits)

Staff Requirements for All Risk-Based Interventions
HIV Prevention interventions funded by IDPH shall only be provided by counselors who have successfully completed each training:

Documentation Requirements for All Risk-Based Interventions:

- Intervention sessions and referrals are to be entered into Provide Enterprise® by staff members who are licensed and trained to do so. Unlicensed staff are prohibited from accessing or entering data in Provide Enterprise®.
- Data for all interventions provided in each month must be entered into Provide Enterprise® service reports and marked as "completed" by the **15th** of the following month (unless awaiting a confirmatory test result).
- If staff entering or accessing Provide Enterprise® is no longer employed/contracted, notify IDPH within 7 days of termination.

Evaluation Requirements for All Risk-Based Interventions:

Process Evaluation will be monitored through:

- Provide Enterprise® reports offering a comparison of service documentation entered to contracted scopes of services for each intervention and priority population.
- Quality assurance observations of intervention delivery, to be conducted biannually by IDPH grant monitors or Lead Agencies to ensure fidelity to service standards.

2027-2031 Priority Populations

1. **Hispanic/Latino MSM:** A cisgender male aged 12 years or older lacking injection risk who has ever had anal sex with a cisgender male.
2. **Black/African American MSM:** A cisgender male aged 12 years or older lacking injection risk who has ever had anal sex with a cisgender male.
3. **People who Inject Drugs:** A person aged 12 years or older who has injected non-prescribed drugs or drugs not as prescribed within the last 12 months.
4. **Hispanic/Latino Heterosexual Men:** A cisgender male aged 12 years or older lacking injection and/or MSM risk who has ever had vaginal or anal sex with a cisgender female.
5. **Black/African American Heterosexual Women:** A cisgender female aged 12 years or older lacking injection risk who has ever had vaginal or anal sex with a cisgender male.
6. **Black/African American Heterosexual Men:** A cisgender male aged 12 years or older lacking IDU or MSM risk who has ever had vaginal or anal sex with a cisgender female.
7. **White MSM:** A cisgender male aged 12 years or older lacking injection risk who has ever had anal sex with a cisgender male.
8. **Hispanic/Latina Heterosexual Women:** A cisgender female aged 12 years or older lacking injection risk who has ever had vaginal or anal sex with a cisgender male.
9. **MSM/IDU:** A cisgender male aged 12 years or older who has ever had anal sex with a male and injected non-prescribed drugs or drugs not as prescribed in the last 12 months.
10. **Transgender Individual:** A person aged 12 years or older whose gender identity differs from the sex the person was identified as having and/or assigned at birth.
11. **HIV positive persons** of any gender and any risk are prioritized for appropriate risk reduction interventions, as well as surveillance-based services if the person has been reported with a confirmed case of HIV to IDPH Surveillance and meets one of the following criteria:
    - HIV-diagnosed within the past 12 months OR
    - No CD4 or VL reported within the past 12 months OR
    - An STI Co-infection reported within the past 12 months OR
    - Unsuppressed Viral Load above 10,000 copies per milliliter OR
    - Member of a fast-growing cluster identified through molecular surveillance

HIV Testing Service Categories and Recruitment Strategies

The Program supports two approaches to HIV testing: risk-based counseling, testing, and referral services and routine testing services.

Risk-Based HIV Testing and Referral (RBHTR)

- RBHTR prioritizes populations at increased risk for HIV strategically recruiting the prioritized risk groups to maximize HIV diagnoses for persons unaware of their status and linking them with follow-up care, treatment, and prevention services. Individuals disclosing no prioritized risks shall not be turned away.
- RBHTR requires client-signed testing consent which includes a release of information authorizing testing data entry into Provide Enterprise®, quality assurance testing record reviews by lead agencies, and release by IDPH Surveillance of previous HIV diagnoses to the testing agency. (Appendix II: Testing Forms)
- Client level data collected includes risk history, demographic information, test results, and referrals made and accessed.

Routine HIV Screening

- Routine HIV screening is routine voluntary HIV screening performed as a normal part of medical practice without regard for individual risk.
- Routine HIV screening is recommended for all persons between the ages of 13-64 in all healthcare settings per the 2006 and last updated in 2025 CDC testing guidelines and recommendations available at: https://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf.
- In healthcare settings where routine opt-out HIV testing is performed, all clinic patients aged 13-64 are informed they will be tested unless they decline the test.
- Patients known or determined to be at higher risk for HIV infection are recommended to have subsequent *annual* HIV testing.
- Risk behavior information is collected only from clients who test HIV-positive.
- HIV screening should be incorporated into the patient's general informed consent for medical care on the same basis as are other screening or diagnostic tests; a separate consent form for HIV testing is not recommended.

Recruitment Strategies

Strategies to selectively engage priority populations into prevention services are called recruitment strategies. *Recruitment strategies alone do not reduce HIV risk and are not reimbursable services* but should be used in conjunction with funded strategies and interventions to maximize the HIV prevention impact of the service. Recruitment strategies include, but are not limited to, the following:

- Outreach services delivered at the natural gathering sites of members of a priority population (e.g. offering HIV testing at a methadone clinic to reach persons who inject drugs).
- Brief pre-screening of clients at general public gathering sites in order to selectively promote HIV risk-based testing services to those disclosing prioritized risk while offering routine HIV testing or condoms and literature to people who disclose lower risk behaviors.

- Collaborating with other organizations to create special social events at which HIV testing services occur.
- Social Networking Strategy provides short-term coaching and stipends clients with HIV-positive serostatus and/or with prioritized risk histories to recruit members of their own personal social networks who may be at increased risk for HIV to participate in HIV testing services.
- Individual-level social media recruitment via personal invitations sent through social media websites or mobile phone applications with messaging features to individuals whose profiles suggest increased risk for HIV.
- Approved Risk-based advertising conveyed through websites or mobile phone applications predominantly utilized by a priority population.
- Selective referrals from other providers of their clients who disclose prioritized risks.

Risk-Based HIV Testing and Referral (RBHTR) Guidance

RBHTR Performance Standards

All grantee organizations shall meet the following RBHTR standards:

- For risk-based grants, at least 85% of clients served must disclose a prioritized risk.
- At least 1.0% of clients tested for HIV testing through this grant will be newly identified as HIV-positive (i.e. not previously reported as HIV-positive to IDPH HIV Surveillance).
- At least 95% of persons who test preliminarily positive for HIV will receive their confirmatory test results.
- At least 95% of persons who receive their HIV preliminary positive test results will authorize transmission of their referral information to Ryan White Case Management services or medical primary care (referral) within 72 hours of receiving their confirmatory result and will attend their first HIV medical appointment (linkage) within one month of learning their preliminary positive results.
- 85% of persons who receive their HIV positive test results will be *offered* Partner Services.
- At least 75% of persons who receive their HIV positive test results will *participate* in Partner Elicitation and individualized Partner Notification Planning.

RBHTR Agency Requirements

All agencies funded to provide RBHTR services shall:

- Conduct this service according to current IDPH protocols, policies and procedures as outlined in this HIV Testing Policies and Procedures Manual.
- Ensure that all staff delivering RBHTR have completed all training requirements outlined below in RBHTR *Staff Requirements.*
- Obtain annually and maintain on file a Physician Standing Order from a licensed physician, specifying type of IDPH-approved specimen collected (venous blood, finger stick, or oral) and type of venue (street outreach, mobile, fixed site, etc.) where testing will be conducted.
- Obtain every two years and maintain on file a current CLIA Waiver for IDPH approved for HIV Rapid testing.
    - The CLIA Waiver application is online at **www.cms.hhs.gov/clia.**
    - The IDPH CLIA Waiver Office at 217-782-6747 can also provide assistance.
- Maintain updated written protocols to provide HIV testing to prioritized risk clients.

RBHTR Staff Requirements

All RBHTR and Partner Services (PS) shall be provided only by counselors who have successfully completed:

- IDPH HIV Home Study course with a score of 80% or higher;
- Risk Based Testing (IDPH) course with a score of 80% of higher;
- Counselors with (IDPH) certifications that are **three** or more years old must complete a **required Risk-Based Testing Refresher** with recertification within 6 months of certification expiring

RBHTR Service Delivery Requirements

All HIV Prevention grantee organizations conducting RBHTR services shall:

- Provide client-centered risk assessment, testing, partner services and linkage to treatment services using the protocol described in the Illinois HIV/AIDS Confidentiality and Testing Code (**ADMINISTRATIVE CODE**).
- Provide a status-neutral approach to each client.
- Offer HIV testing only to persons 12 years of age or older in accordance with limits on a minor's right to consent granted through Testing, Treatment, or Counseling of Minors Administrative Code (**Section 697**).
- Offer and administer FDA-approved rapid HIV and HCV tests in accordance with IDPH protocols, current CDC guidelines, and manufacturer's instructions.
- Conduct test counseling sessions *individually* in a *private* setting where discussion cannot be overheard or interactions visually observed by others.
- Include in the pre-test session discussion:
  - HIV transmission and the natural history of HIV infection,
  - the meaning and limitations of the test and test results,
  - the purpose and potential uses of the HIV test,
  - the statutory rights to anonymous testing and to confidentiality,
  - availability of additional or confirmatory testing,
  - the availability of referrals for further information, or counseling,
  - individually appropriate HIV risk reduction methods instruction, including demonstration of proper syringe cleaning, condom use and latex barrier use,
  - assessment of the client's ability to safely cope with a positive test result, and
  - assessment of the client's HIV exposure risk behaviors including partner risk.
- Use whole blood serum testing for conventional or confirmatory testing in accordance with IDPH protocols when setting allows for sterile specimen collection and transport, and proper disposal of sharps or other bio-hazardous materials.
- Provide directly or offer referrals for syphilis and Mantoux tuberculosis (TB) testing for prioritized risk clients and document referral.
- Provide post-test counseling sessions privately, individually, and face-to-face for all persons who remain or return for their test results.
- Complete the following steps for clients with preliminary positive rapid HIV test results:
  - Request a confirmatory test specimen.
  - Submit blood specimens to the IDPH laboratory;
  - Request a written release to immediately submit their contact information and testing record information to the regional Ryan White Case Management Lead Agency or to the HIV primary medical care provider of their choice.
  - Explain Partner Services options and initiate a discussion to elicit potentially exposed sex or needle sharing partners who may need notification if the positive result is confirmed.
- **Complete the following steps for clients with confirmed positive results**:
  - Review Partner Services options and elicit potentially exposed sex or needle sharing partners who may need notification.
  - Develop a plan for the notification (client notification, public health notification, assisted notification or contractual notification) of each exposed partner.

- Document contact information for partner(s) elicited from persons testing positive in Provide Enterprise® for partner notification and follow up.

RBHTR Documentation Requirements

The following forms are required for each RBHTR client: Appendix (III)

- Informed Consent for HIV/STI Testing
- Integrated HIV-STI Testing Tool
    - If HIV positive
        - Ryan White authorization form
        - Partner services field record
        - Adult Case Report Form

Forms are not to be altered or revised without review and approval by IDPH.

All agencies shall submit the following to IDPH via Provide Enterprise® within the time frames specified:

- Electronic submission of required information from a completed RBHTR Report Form before the fifteenth day of the month following the month in which HIV testing was provided. (e.g., for all clients served in March, data must be submitted by April 15.)
- Electronic upload and submission of an IDPH-approved HIV/STI/VH Testing Consent form signed by the client with the Test Report Form.
- Document the referrals to Ryan White Case Management or HIV Treatment in Provide Enterprise®. Upload and submit scanned viral loads in Provide Enterprise® as evidence of HIV treatment for clients referred directly to medical providers *outside* of the Ryan White program.
- Submit Partner Services information to Department's HIV Testing Unit through ProvideEnterprise®.
- Out-of-jurisdiction exposed partner contacts should be forwarded to IDPH HIV Testing Unit.
- Submit the Initial Interview Record electronically for each client testing positive within ten working days of the actual or scheduled post-test counseling session, and a completed interview record, including all known partner dispositions documented, within 30 days after initial post-test counseling session.
- All testing providers are required by law to report a confidential HIV positive test result to the IDPH HIV Surveillance Unit on the IDPH HIV Case report form within 7 days of the confirmation test.

Routine HIV Screening (RHS) Guidance

RHS Performance Standards

All HIV Prevention grantee organizations conducting RHS services shall ensure:

- 100% of clients routinely screened for HIV in health care settings will sign a general medical consent authorizing the input of the testing record information into Provide Enterprise® for quality assurance review by IDPH and any designated Lead Agency of that region for the grant funding the testing activity and authorizing the Department's HIV Surveillance Unit to release to the testing agency the dates of past HIV diagnosis and treatment to facilitate appropriate support for treatment linkage or reengagement.
- At least 0.1% of clients screened for HIV through this grant will be newly identified as HIV-positive (i.e. not previously reported as HIV-positive to IDPH HIV Surveillance).
- At least 95% of HIV tests with preliminary positive results will be documented in Provide Enterprise® as confidential tests with the required written client consent.
- At least 95% of persons who test preliminarily positive for HIV will receive their confirmatory test results.
- At least 95% of persons who receive their HIV preliminary positive test results will authorize transmission of their referral information to either to Ryan White Case Management services or to medical primary care (referral) within 72 hours of receiving their confirmatory result and will attend their first HIV medical appointment (linkage) within 30 days of learning their preliminary positive results.

RHS Agency Requirements

All agencies conducting Routine HIV screening (RHS) services associated with an IDPH grant shall:

- Conduct this service according to current IDPH protocols, as outlined in this HIV Testing Policies and Procedures Manual.
- Obtain an order from a licensed physician for all screening conducted, whether by individual order or by Standing Order specifying the type of IDPH-approved specimen collected (venous blood, or finger stick,).
- Process all HIV screening specimens under current CLIA certification or waiver.
    - Blood specimens sent to laboratories other than the IDPH Laboratory must go to CLIA certified laboratories.
    - HIV rapid testing conducted within the health care facility requires a CLIA waiver specific to the test kit being used.
    - The CLIA Waiver application is online at www.cms.hhs.gov/clia.
    - The IDPH CLIA Waiver Office at 217-782-6747 can provide assistance.
- Maintain updated written protocols to provide HIV testing to clinic patients.

RHS Staff Requirements

All HIV Prevention grantee organizations conducting RHS services shall ensure:

- Only health care staff authorized by a Physician Order may conduct routine HIV screening.
- All staff collecting specimens shall be trained in test kit procedures or phlebotomy.

- All staff entering or reviewing testing in Provide Enterprise® must complete Confidentiality & Security Training annually, passing the test and submitting the oath.
- Confidentiality & Security Training is available online at **https://www.train.org/illinois/welcome**.

RHS Service Delivery Requirements

All HIV Prevention grantee organizations conducting RHS services shall:

- Provide testing and positive follow up services using the protocol described in the Illinois HIV/AIDS Confidentiality and Testing Code (**ADMINISTRATIVE CODE**).
- Offer HIV testing only to persons 12 years of age or older in accordance with limits on a minor's right to consent granted through Testing, Treatment, or Counseling of Minors Administrative Code (**Section 697**).
- Offer and administer FDA-approved rapid HIV and HCV tests in accordance with IDPH protocols, current CDC guidelines, and manufacturer's instructions.
- Use Department-approved rapid HIV test kits in accordance with Department protocols, current CDC guidelines, and FDA-approved manufacturer's package inserts.
- Use whole blood serum testing for conventional or confirmatory testing in accordance with Department protocols when provider capacity allows for sterile specimen collection and transport, and proper disposal of sharps or other bio-hazardous materials.
- Provide post-test counseling sessions individually, and face-to-face for all persons who remain or return for their test results. Use a private setting where discussion cannot be overheard or interactions visually observed by others in the vicinity.
  - Follow up with client in order to assess and document any referral services accessed.
- For clients with preliminary positive rapid HIV test results, complete the following steps.
  - Request a confirmation test specimen
  - Submit blood specimens to the IDPH laboratory;
  - Request a written release to immediately submit their contact information and testing record information to the regional Ryan White Case Management Lead Agency or to a competent HIV primary medical care provider of their choice.
  - Note that Linkage to Treatment following a preliminary positive result is an expected standard of care expected of all providers of HIV testing.
  - Explain Partner Services options, and initiate a discussion to elicit potentially exposed sex or injecting partners who may need notification if the positive result is confirmed
- For clients with confirmed positive results, complete the following steps. Health Centers may partner with their Local Health Department Disease Intervention Specialists to provide these services.
  - Review Partner Services options and elicit potentially exposed sex or injecting partners who may need notification.
  - Develop a plan for the notification (client notification, public health notification, assisted notification or contractual notification) of each exposed partner
  - Document contact information for partner(s) elicited from persons testing positive in Provide for partner notification and follow up.

o If not completed after a preliminary reactive result, request a written release to immediately submit their contact information and testing record information to the regional Ryan White Case Management Lead Agency or to a competent HIV primary medical care provider of their choice.

RHS Documentation Requirements

All agencies shall submit the following within the time frames specified:

- For tests with HIV-negative, invalid or indeterminate results, submit to IDPH via a secure channel in an encrypted spreadsheet the required individual level data from a completed Routine HIV Screening Report before the fifteenth day of the month following the month in which HIV testing was provided (e.g., for all clients served in March, data must be submitted by April 15.)
- For tests with HIV-reactive results, electronically submit to the Department's HIV Testing Unit via the Provide Enterprise® system the required information from a completed Routine HIV Screening Report before the fifteenth day of the month following the month in which HIV testing was provided (e.g., for all clients served in March, data must be submitted by April 15.)
- Document the referrals to Ryan White Case Management or HIV Treatment in Provide Enterprise®. Submit scanned viral loads in Provide Enterprise® as evidence of HIV treatment for clients referred directly to medical providers outside of the Ryan White program.
- Submit Partner Services information to Department's HIV Testing Unit through Provide Enterprise®.
- Notifiable exposed partner contacts should be forwarded to IDPH HIV Testing Unit.
- Submit the Initial Interview Record electronically for each client testing positive within ten working days of the actual or scheduled post-test counseling session, and a completed interview record, including all known partner dispositions documented, within 30 days after initial post-test counseling session.
- All testing providers are required by law to report a confidential, confirmed HIV positive test result to the IDPH HIV Surveillance Unit on the IDPH HIV Case report form within 7 days.

HIV Prevention Interventions

Key Public Health Strategies

Risk-Based HIV Testing and Referral (RBHTR) with Linkage To Care (LTC)	***Outreach STI Testing (Gonorrhea, Chlamydia, Syphilis)***
Hepatitis C testing (for PWID and MSM/PWID)	***Partner Services (for CBOs)***
Social Networking	***Partner Services (Health Departments)***
Harm Reduction/Syringe Exchange/Naloxone	**Surveillance-Based Services**
HIV Navigation Services	

Behavioral and Biomedical Risk Reduction Interventions

ARTAS	Project START-for PWHIV
CLEAR	Safe in the City
PROMISE	Sin Buscar Excusas/ No Excuses
d-up: Defend Yourself!	Sister to Sister
Healthy Relationships	Stay Connected
HEART	SMART Couples
Many Men, Many Voices (3MV)	TWIST
Mpowerment	VOICES/ VOCES
Partnership for Health	WILLOW
ARTAS	

Biomedical Risk Reduction Interventions and Methods (See detailed Intervention list Appendix IV)

Biomedical Interventions and Methods use medical and public health approaches

Medication Adherence Interventions for Positives
1. HEART (Helping Enhance Adherence to Anti-Retroviral Therapy)
2. SMART Couples (Sharing Medical Adherence Responsibilities Together)
3. Partnership for Health

Risk Reduction Methods for High-Risk Negatives:

1. ***PrEP***
2. Harm Reduction-

a. **Harm Reduction Counseling**
    i. One-on-one 15-20 minute counseling sessions with PWIDs to help reduce their risk for HIV and other injection-transmitted infections and discuss proper injection techniques, vein care, hepatitis testing, and substance abuse treatment referral
    ii. Includes risk assessment and a risk reduction plan
b. **Syringe Exchange**
    i. Prevention agencies should consider providing a Comprehensive Harm Reduction Services program including legal research-linked syringe exchange. A Federal ban prohibits the use of Federal funds to purchase syringes, however Illinois General Revenue Funds may be used to purchase syringes and Federal funds may be used to support program infrastructure.
c. **Naloxone**
    i. Participants in Syringe Exchange Programs (SEP) are trained by SEP providers in SKOOP (Skills and Knowledge on Opiate Overdose Prevention). Trained participants receive naloxone prescription/medication at the syringe exchange program (SEP) through a standing medical order by a medical doctor.

3. **STI Testing (Gonorrhea, Chlamydia, Syphilis)**

4. **HIV Navigation Services**
a. HIV navigation is a process of service delivery for persons living with HIV (PWH) and for high-risk HIV-negative individuals to help a person obtain timely, essential, and appropriate HIV-related medical and social services to optimize his/her health and prevent HIV transmission and acquisition

5. **Partner Services – for Health Departments and CBOs**
a. Partner Services (PS) involves working with newly and ongoing diagnosed HIV+ clients to elicit and then notify sex and needle sharing partners regarding their exposure to HIV and other STIs, if applicable

6. **CLEAR –** Choosing Life: Empowerment! Action! Results:
a. People living with HIV (PWHIV).

7. **PROMISE**- Peers Reaching Out and Modeling Intervention Strategies
a. Community level intervention for all populations

8. **d-up: Defend Yourself!**
a. d-up! is designed to change social norms and perceptions of black MSM regarding condom use.

9. **Healthy Relationships**
a. The intervention is a five-session small group program for men and women living with HIV intervention for all populations

10. **Many Men, Many Voices (3MV)**
a. seven-session group-level intervention to prevent HIV and STDs among adult black men who have sex with men (MSM).

11. **Mpowerment**
a. A community-level intervention designed for young MSM, ages 18-29.

12. **START**
a. Adapted for HIV positive persons; IDPH supported for HIV- negatives

13. **Safe in the City**

a. 23-minute HIV/STD prevention video for STD clinic waiting rooms that has been shown to be effective in reducing STDs among racially diverse groups of STD clinic patients.

14. **Sin Buscar Excusas/ No Excuses**

a. single-session, small group, video-based behavioral intervention that aims to increase sexual safety and HIV testing and care among Hispanic/Latino gay, bisexual, and other men who have sex with men (MSM).

15. **Sister to Sister**

a. Sister to Sister is a brief (20-minute) one-on-one, skills-based HIV/STD risk-reduction behavioral intervention for sexually active African-American women 18 to 45 years old that is delivered during the course of a routine medical visit.

16. **TWIST**

a. TWIST is delivered in five two-hour sessions emphasizing transgender and ethnic pride.

17. **VOICES/VOCES -**Video Opportunities for Innovative Condom Education and Safer Sex

a. An STD-clinic based group prevention intervention for African-American and Latino MSM.

18. **WILLOW –** Women Involved in Life Learning from Other Women

a. WILLOW is a social-skills building and educational intervention for adult heterosexual women 18-50 years old of any race living with HIV.

19. **ARTAS -Anti-Retroviral Treatment and Access to Services**

a. CDC-supported LRC evidence-based, individual-level, multi-session, time-limited intervention delivered by HIV Case Managers to link individuals who have been recently diagnosed with HIV to medical care.

20. **Stay Connected**

a. Stay Connected is a clinic-wide intervention that provides brochures to patients, places posters in exam and waiting rooms, and gives patients brief verbal messages about the importance of staying in care. Messages emphasize taking control of one's health and the health benefits of maintaining appointments.

21. **HEART-** Helping Enhance Adherence to Anti-retroviral Therapy

a. Heart is a 5-session individual and dyadic-level intervention.

22. **Partnership for Health**

a. This intervention involves brief (3-5 minute), clinic-based individual-level, provider-administered sessions emphasizing the importance of the patient-provider relationship to promote patient's healthful behavior

23. **SMART Couples –** Sharing Medical Adherence Responsibilities Together

a. SMART Couple is a couple-level intervention administered to discordant couples that addresses adherence to ART and safe sex behaviors within the couple dyad, fostering active support of both individuals.

Quality Assurance Guide

Tab 1
Missions Statement and Agency Information

Tab 2
Policies and Procedures
Guidelines for implementing Programs or information on DEBI's

Tab 3
Blank Data Collection Forms and Documents used in program

Tab 4
Current Grant Agreement/Budget
Quarterly Reports
Reimbursement Vouchers
PROVIDE Reports

Tab 5
HIV CTR Testing Protocols
Current CLIA Waiver \Current Physician Standing Order

Tab 6
Certificates and Counselor Numbers for persons funded under grant

Tab 7
MOU / MOA Documents

Tab 8
Linkage to Care Protocol and Documents

Tab 9
Client Satisfaction Survey's for programs being implemented-Blank

Tab 10
Witten Policies:
Confidentiality (including data security)
CTR protocol
Cultural Competency
Client Grievances
Outreach Safety
Infection Control

Tab 11
Samples of publications/flyers for program

Tab 12
Local Referral Sources

Appendix II

Client Code: _ _ _ _ _ _ _

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Integrated HIV/STI Testing Tool

Revised 11/6/2019

****COMPLETE THE FOLLOWING ON ALL CLIENTS****

SITE

Session Date (MM/DD/YYYY)	Counselor	Agency	Region	Provider Type	Site ID or Information (Street Address, City, Zip)
_ _/_ _/__					
Is this part of a Special Project?	☐ No ☐ Yes →Project Name:				

CLIENT INFORMATION

Date of Birth (MM/DD/YYYY)	Client's 1st Initial	Mother's 1st Initial	Zip Code	State of Residence	County of Residence	Country of Origin
_ _/_ _/_ _ _ _						

Gender at Birth	Current Gender	Ethnicity (choose 1)	Race – All Self-Identified (1 or more)	
☐ Male ☐ Female ☐ Declined	Write in: --- ☐ Declined	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Declined ☐ Don't Know	☐ Black/African American ☐ White ☐ Alaskan Native ☐ Asian ☐ Native American	☐ Native Hawaiian ☐ Pacific Islander ☐ Declined ☐ Don't Know

BACKGROUND

Housing Status in Past 12 months (select most severe that applies)	Health Insurance Status	Primary Medical Care Status	
☐ Literally homeless ☐ Unstably housed or at-risk of losing housing ☐ Stably housed ☐ Declined ☐ Don't Know ☐ Not asked	☐ Currently Insured ☐ Applied for Insurance ☐ Uninsured ☐ Don't Know ☐ Not asked	☐ Has a Primary Medical Care Provider relationship ☐ Seeks Emergency Care as needed where available ☐ No Medical Visits in Past Two Years	
If Female, Is Client Pregnant?	**If Pregnant, Is Client in Prenatal Care?**	**Previous HIV Test? (Client-Reported)**	**If Previous HIV Test = Yes, Previous HIV Test Result (Client-Reported)**
☐ Yes ☐ No ☐ Declined ☐ Don't Know	☐ Yes ☐ No ☐ Declined ☐ Don't Know ☐ Not Asked	☐ Yes → Estimated Date of Last HIV Test: _ _ / _ _ / _ _ _ _ ☐ No ☐ Don't Know	☐ Positive* ☐ Preliminary Positive ☐ Negative ☐ Indeterminate ☐ Unknown

*If Previous HIV Test Result = Positive, In HIV Medical Care / Treatment?	*If In HIV Medical Care/Treatment, Do You Have Prescription for HIV Medications?
☐ Yes* → Date Last Saw Medical Provider: _ _ / _ _ / _ _ _ _ ☐ No ☐ Declined ☐ Don't Know	☐ Yes → Date Client Last Took HIV Medications: _ _ / _ _ / _ _ _ _ ☐ No ☐ Declined ☐ Don't Know ☐ Not Asked
Are you currently working?	☐ No ☐ Volunteer ☐ Part Time ☐ Full Time
Any concerns about safety in your personal relationships?	☐ No ☐ Yes
Ever felt pressured to participate in sex acts that made you uncomfortable?	☐ No ☐ Yes

Notes	

Client Code: _ _ _ _ _ _ _

Revised 11/6/2019

****COMPLETE THE FOLLOWING ON ALL CLIENTS****

Risk Assessment				
Was client's risk assessed this session?	☐ Client was asked but no risk was identified ☐ Client was not asked about risk factors	☐ Client was asked and risk was identified ☐ Client declined to discuss risk factors		
Did the client engage in any of the following?	**Male**	**Female**	**MTF**	**FTM**
	Ever	**Ever**	**Ever**	**Ever**
Vaginal or Anal Sex with:	☐	☐	☐	☐
Vaginal or Anal Sex Last Occurred?	_ _ /_ _ /_ _	_ _ /_ _ /_ _	_ _ /_ _ /_ _	_ _ /_ _ /_ _
Condomless Vaginal Sex with:	☐	☐	☐	☐
Condomless Vaginal Sex Last Occurred?	_ _ /_ _ /_ _	_ _ /_ _ /_ _	_ _ /_ _ /_ _	_ _ /_ _ /_ _
Condomless Anal Sex with:	☐	☐	☐	☐
Condomless Anal Sex Last Occurred?	_ _ /_ _ /_ _	_ _ /_ _ /_ _	_ _ /_ _ /_ _	_ _ /_ _ /_ _
Vaginal or Anal Sex w/a Person who is HIV+	☐	☐	☐	☐
In Monogamous Relationship? ☐ No ☐ Yes →		Partner recently tested HIV-negative? ☐ No ☐ Yes		
Bacterial STI diagnosed in past 6 months		☐ **No** ☐ **Yes**		
Male Client & FTM, 13-19 years old: Sexually attracted to males?		☐ No ☐ Yes		
Male Client & FTM, 13-19 years old: Ever had oral sex with a male?		☐ No ☐ Yes		
Has client ever used injection drugs?		☐ No ☐ Yes → Estimated Date: _ _ / _ _ / _ _ _		
If **Yes**, has client ever shared drug injection equipment?		☐ No ☐ Yes → Estimated Date: _ _ / _ _ / _ _ _		

Materials Distributed - Number of Sex Risk Reduction Supplies					
Insertive Condoms:		Oral Condoms:		Lubricant (Latex-Safe):	
Receptive Condoms:		Dental Dams:		Safer Sex Kits:	
Were Harm Reduction materials provided?	☐ No ☐ Yes → Fill out supplemental Harm Reduction Materials form				

PrEP	**Assess Clients Knowledge and Experience with PrEP (** Pre-Exposure Prophylaxis)	
		Response
	Has client heard of PrEP?	☐ Yes ☐ No
	Is client currently taking daily PrEP medicine?	☐ Yes ☐ No
	Has client used PrEP at all within the previous 12 month period?	☐ Yes ☐ No

GENERAL REFERRALS	**If referred, specify Referral Service Type(s) and whether service was accessed if known.**					
	NOTE: At least one HIV Prevention Service referral should be made for HIV positive clients (HIV Medication Adherence Counseling, Behavioral Sexual Exposure Risk Reduction or Injection Harm Reduction Services)	**Screened?**	**Need Identified?**	**Referred?**	**Assisted?**	**Accessed?**
	Viral Hepatitis Screening & Treatment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	STD Screening and Treatment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vaccinations: HAV, HBV, HPV or Meningitis	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Pre-Exposure Prophylaxis (PrEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Non-Occupational PostExposure Prophylaxis (n-PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Behavioral Sexual Exposure Risk Reduction Services	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Injection Harm Reduction Services	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Behavioral Health Services (SA or MH)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Partner/Family Violence Services	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	HIV Medication Adherence Counseling	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	General Medical Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	HIV Medical Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Health Benefits/Insurance Enrollment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Reproductive Health Services	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Housing Services	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Employment Services	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Client Code: _ _ _ _ _ _ _ Revised 11/6/2019

HIV Test Type Election	☐ Anonymously ☐ Confidentially ☐ Declined Testing		
HIV Testing Protocol	☐ Risk-based Testing ☐ Personalized Cognitive Counseling		
Test Number	**HIV Test 1**	**HIV Test 2**	**HIV Test 3**
Specimen Date	_ _/_ _/_ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
Counselor #			
Test Type	☐ Rapid–Finger Blood–Surecheck ☐ Rapid–Finger Blood–Determine ☐ Rapid–Finger Blood–Insti ☐ Lab–Venous Blood	☐ Rapid–Finger Blood–Surecheck ☐ Rapid–Finger Blood–Determine ☐ Rapid–Finger Blood–Insti ☐ Lab–Venous Blood	☐ Rapid–Finger Blood–Surecheck ☐ Rapid–Finger Blood–Determine ☐ Rapid–Finger Blood–Insti ☐ Lab–Venous Blood
Lab Specimen ID			
Result	Rapid – Check one: ☐ Reactive* ☐ Indeterm. ☐ No Result ☐ Negative ☐ Invalid Lab - Check one: ☐ HIV1 Neg & HIV2 Neg ☐ HIV1 Neg & HIV2 Unknown ☐ HIV1 Neg & HIV2 Pos ☐ HIV1 Pos & HIV2 Neg ☐ HIV1 Pos & HIV2 Unknown ☐ HIV1 Pos & HIV2 Pos ☐ HIV1 Pos Acute& HIV2 Neg ☐ HIV1 Pos Acute& HIV2 Unknown ☐ HIV1 Pos Acute& HIV2 Pos ☐ HIV Pos & 1/2 Undifferentiated ☐ NAT HIV1 Neg ☐ NAT HIV1 Indeterminate	Rapid – Check one: ☐ Reactive* ☐ Indeterm. ☐ No Result ☐ Negative ☐ Invalid Lab - Check one: ☐ HIV1 Neg & HIV2 Neg ☐ HIV1 Neg & HIV2 Unknown ☐ HIV1 Neg & HIV2 Pos ☐ HIV1 Pos & HIV2 Neg ☐ HIV1 Pos & HIV2 Unknown ☐ HIV1 Pos & HIV2 Pos ☐ HIV1 Pos Acute& HIV2 Neg ☐ HIV1 Pos Acute& HIV2 Unknown ☐ HIV1 Pos Acute& HIV2 Pos ☐ HIV Pos & 1/2 Undifferentiated ☐ NAT HIV1 Neg ☐ NAT HIV1 Indeterminate	Rapid – Check one: ☐ Reactive* ☐ Indeterm. ☐ No Result ☐ Negative ☐ Invalid Lab - Check one: ☐ HIV1 Neg & HIV2 Neg ☐ HIV1 Neg & HIV2 Unknown ☐ HIV1 Neg & HIV2 Pos ☐ HIV1 Pos & HIV2 Neg ☐ HIV1 Pos & HIV2 Unknown ☐ HIV1 Pos & HIV2 Pos ☐ HIV1 Pos Acute& HIV2 Neg ☐ HIV1 Pos Acute& HIV2 Unknown ☐ HIV1 Pos Acute& HIV2 Pos ☐ HIV Pos & 1/2 Undifferentiated ☐ NAT HIV1 Neg ☐ NAT HIV1 Indeterminate
Result provided	☐ Yes ☐ No*	☐ Yes ☐ No*	☐ Yes ☐ No*
Date Provided	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
***If no, reason not provided**	☐ Declined ☐ No return/could not locate	☐ Declined ☐ No return/could not locate	☐ Declined ☐ No return/could not locate
Referred for Follow Up Testing	☐ Yes ☐ Declined ☐ Other ☐ Did not return/Could not locate ☐ Referred to another agency	☐ Yes ☐ Declined ☐ Other ☐ Did not return/Could not locate ☐ Referred to another agency	☐ Yes ☐ Declined ☐ Other ☐ Did not return/Could not locate ☐ Referred to another agency

Client Code: _ _ _ _ _ _ _

Revised 11/6/2019

Complete the following for Preliminary and Confirmed HIV-Positive Confidentially Tested Clients

Was an IDPH Confidential Case Report Form Completed?			☐ No ☐ Yes → Date Submitted: _ _/_ _/_ _ _ _	
Has Client signed Informed Consent for Testing? This allows client identity to be released to IDPH and to Lead Agency.			☐ No ☐ Yes	
First Name	**Last Name**	**Social Security #**	**Street Address**	**City**
		_ _ _ - _ _ - _ _ _ _		
Primary Telephone # (Agency # if none)	**Secondary Telephone #**	**Email Address**		
Has patient seen an HIV medical care provider in past 6 months? (X740)		☐ Yes ☐ No ☐ Declined ☐ Don't Know		

Complete the following for Preliminary and Confirmed HIV-Positive Tested Clients

Was Client Referred to Ryan White Medical Case Management?	☐ No* ☐ Yes → Agency:
If Client was referred to Ryan White Medical Case Management, be sure to obtain signed authorization to release referral information.	
***If No, Was Client Referred to Medical Evaluation/Care?**	☐ Yes* → Referral Date: _ _/_ _/_ _ _ _ ☐ No – Client Declined Medical Care ☐ No – Client Already in Medical Care
***If Yes, Medical Referral Outcome:**	☐ 1st Appointment Attended → Date: _ _/_ _/_ _ _ _ ☐ No Service Access ☐ Lost to Follow-up ☐ No Follow-up

Complete the following for Preliminary and Confirmed HIV-Positive Tested Clients

Where was Client Referred for Partner Services?	☐ Internal→Testing Staff ☐ External → Local Health Department
Was Client Interviewed for Partner Services?	☐ Yes → Interview Date: _ _/_ _/_ _ _ _ ☐ No ☐ Don't Know

Complete the following for Preliminary and Confirmed HIV-Positive Tested Pregnant Clients

If Not in Prenatal Care, was Client Referred to Prenatal Care? (Perinatal Hotline 1-800-439-4079)	☐ Yes ☐ No
If Client was Referred to Prenatal Care, did Client Attend First Appointment?	☐ Yes ☐ No ☐ Don't Know

IDPH Only

New or Previous HIV Diagnosis	☐ New Diagnosis, eHARS verified ☐ New Diagnosis, not eHARS verified ☐ Previous Diagnosis ☐ Unable to Determine
Date of First Positive HIV Test in eHARS	_ _/_ _/_ _ _ _

Client Code: _ _ _ _ _ _ _

Revised 11/6/2019

STI/Viral Hepatitis Testing

Test Election ☐ Confidentially ☐ Declined Testing

Test Number	**HCV Test 1**	**HCV Test 2**	**Syphilis Test 1**	**Syphilis Test 2**	**GC/CT Test 1**	**GC/CT Test 2**
Counselor #						
Specimen Date	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
Test Type	☐ Rapid ☐ Lab	☐ Rapid ☐ Lab	☐ Lab	☐ Lab	Lab: ☐ Urine ☐ Throat ☐ Rectal ☐ Cervical ☐ Vaginal	Lab: ☐ Urine ☐ Throat ☐ Rectal ☐ Cervical ☐ Vaginal
Lab Specimen ID						
Result	☐ Reactive ☐ Nonreactive ☐ Equivocal ☐ Invalid ☐ Unsatisfactory ☐ Indeterminate	☐ Reactive ☐ Nonreactive ☐ Equivocal ☐ Invalid ☐ Unsatisfactory ☐ Indeterminate	☐ Nonreactive-CIA ☐ Reactive-CIA, Nonreactive-RPR ☐ Reactive-CIA, Reactive-RPR ☐ Undetermined	☐ Nonreactive-CIA ☐ Reactive-CIA, Nonreactive-RPR ☐ Reactive-CIA, Reactive-RPR ☐ Undetermined	☐ Reactive ☐ Nonreactive ☐ Equivocal ☐ Unsatisfactory	☐ Reactive ☐ Nonreactive ☐ Equivocal ☐ Unsatisfactory
Result provided	☐ Yes ☐ No*	☐ Yes ☐ No*	☐ Yes ☐ No*	☐ Yes ☐ No*	☐ Yes ☐ No*	☐ Yes ☐ No*
Date Provided	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
***If no, reason not provided**	☐ Declined ☐ No return/ could not locate	☐ Declined ☐ No return/ could not locate	☐ Declined ☐ No return/ could not locate	☐ Declined ☐ No return/ could not locate	☐ Declined ☐ No return/ could not locate	☐ Declined ☐ No return/ could not locate
Referred for Follow Up Testing	☐ Yes ☐ Declined ☐ No return/ could not locate ☐ Referred to another agency ☐ Other		☐ Yes ☐ Declined ☐ No return/ could not locate ☐ Referred to another agency ☐ Other		☐ Yes ☐ Declined ☐ No return/ could not locate ☐ Referred to another agency ☐ Other	

Complete the following for Reactive HCV Clients

HCV	**Was Client Referred to Medical Evaluation/Care?**	☐ Yes* → Referral Date: _ _ /_ _ /_ _ _ _ ☐ No – Not Referred	☐ No – Client Declined Medical Care ☐ No – Client Already in Medical Care
	***If Yes, Medical Referral Outcome:**	☐ 1st Appointment Attended → Date: _ _ /_ _ /_ _ _ _ ☐ No Service Access ☐ Lost to Follow-up ☐ No Follow-up	
	Provided HCV Educational Pamphlet?	☐ Yes ☐ No	
	Offered Referral to HCV Support Group?	☐ Yes ☐ No	
	Accepted Referral to HCV Support Group?	☐ Yes ☐ No	
	Is Client Already HAV/HBV Vaccinated?	☐ Yes ☐ No* ☐ Unknown	
	***If No, referred to HAV/HBV Vaccination?**	☐ Yes* ☐ No	
	***If Yes, Vaccination Referral Outcome:**	☐ Received First Vaccination ☐ No Service Access ☐ Lost to Follow-up ☐ No Follow-up	
	Counseled to notify and refer needle sharing partners for testing?		☐ Yes ☐ No

Complete the following for Syphilis CIA-Reactive Clients (Syphilis antibodies detected)

SYP	**Referred to LHD?**	☐ Yes ☐ No
	Ever tested positive for syphilis?	☐ Yes ☐ No

Complete the following for Reactive GC/CT Clients

GC/CT	**Counseled about partner notification options?**	☐ Yes ☐ No
	Case Report Submitted to LHD?	☐ Yes ☐ No

Appendix III

INFORMED CONSENT FOR HIV and STI TESTING

I consent for the following (check all that apply) tests: □ HIV □ Hepatitis C □ Syphilis □ Chlamydia/Gonorrhea
Before being tested for HIV, you will need to know the following information:

1) An HIV (Human Immunodeficiency Virus) test is done to determine if a person has been infected with the virus that causes AIDS.
2) There are three possible test results for a rapid HIV test:
   - A negative (non-reactive) test result means that no evidence of HIV was found. However, if you have been infected with HIV recently, it may be too soon to detect the infection and you should consider re-testing at a later date.
   - A preliminary positive test result means that another test (confirmatory) must be done to ensure that the preliminary positive result is accurate.
   - An invalid test result means that the test did not function properly and you should be retested as soon as possible.
3) There are four possible test results for a conventional test: negative (Non-reactive), indeterminate, unsatisfactory, or positive (reactive).
   - A negative (non-reactive) test result means that no evidence of HIV was found. However, if you have been infected with HIV recently, it may be too soon to detect the infection and you should consider re-testing at a later date mutually agreed upon with your HIV test counselor.
   - An indeterminate test result means that your test is neither negative (non-reactive) nor positive (reactive) and you should be re-tested.
   - An unsatisfactory test result means the laboratory could not test the specimen because there was a problem with the specimen. You should be re-tested.
   - A positive (reactive) test result means that you are infected with HIV and you can infect other people with HIV through exposure to your blood, sexual fluids, or breast milk. A positive (reactive) test does not mean that you have AIDS or will ever develop AIDS.
4) Your HIV records are **confidential.**
5) Testing for HIV is voluntary and you may withdraw your consent to be tested at any time before the laboratory test(s) is completed.
6) If you choose to test confidentially for HIV, Hepatitis C, Syphilis, and/or Chlamydia/Gonorrhea, your consent gives the testing agency your permission to **securely** and **confidentially** release your Counseling and Testing Report with your name and all test results to the Illinois Department of Public Health and to this region's IDPH - designated Lead Agency through the secure Provide Enterprise database or hard copies to ensure quality testing services and appropriate follow up on needed referral services.
7) You have the right to be tested for HIV anonymously if you wish. If this agency does not offer anonymous HIV testing, you will be referred to an agency that does.
8) You have the right to obtain more information about the above Sexually Transmitted Infections including HIV or to receive a referral for counseling.
9) If I have been previously diagnosed with HIV, I authorize the Illinois Department of Public Health to release to both the agency now testing me and their monitoring Regional Lead Agency the dates of my first HIV diagnosis and any HIV laboratory records indicating prior HIV medical care so that past barriers to care engagement can be assessed and appropriate services needed to securely engage me now in HIV Care can be arranged.

[ ] I consent to be *confidentially* tested for HIV.

[ ] I consent to be *confidentially* tested for Hepatitis C, Syphilis, and/or Chlamydia/Gonorrhea as checked above on this form.

Client Signature/Code Number_____ Date_____

Client Name (Printed) _____

Witness Signature_____

Place Bar Code Here

rev. 08/01/2026

Return Appointment Slip

Your client code is_____

Please return on _____at_____ to see_____

You must bring this slip of paper with you when you return.