

**CHECKLIST FOR HIV TESTING, CALIFORNIA, NON-MEDICAL SETTINGS,
OR WHEN CONSENT IS OBTAINED FROM OTHER THAN PERSON BEING TESTED**

Note: No opt-out testing procedure exists for these situations. No specific pre-test information is required to be provided to the person being tested, but post-test counseling is required as indicated below. This checklist does not apply to alternative testing sites pursuant to HSC Section 120890 or 120895.

NAME OF PERSON TO BE TESTED: _____

If person administering test initiates the test offer, or is not a trained HIV Counselor at a testing site from whom the person being tested independently asks for a test, begin with Part B

A. Person being tested independently requests the test from a trained HIV Counselor, at an HIV testing and counseling site¹ (Test not offered first by person administering test)²

(Signature below documents the person's independent request for the test.)

Perform test, then proceed to Part C after test (skip part B)

B. HIV testing has been offered by a person lawfully authorized to administer an HIV test¹, or requested from a person other than a trained HIV Counselor

1. Person providing consent

Person being tested

Parent, guardian, or conservator (if person to be tested is a minor under 12, or not competent to consent)³

Court or social worker consent for dependent child of court (must be in writing)³

Name of person consenting (print): _____ Relationship _____

2. Type of consent given for HIV test

Oral consent *(Signature below documents the person's oral consent for the test.)*

Written consent (see filed in a medical record retained for person being tested)

Signature, Person Administering Test: _____ **Date:** _____

C. Post-test Counseling¹ (provided to person tested, or to person consenting if other)

Person consenting has received explanation of the results and implications for the person's health.

If the person tests positive for HIV infection:

Person consenting has been informed that there are numerous treatment options available.

Person consenting has been informed about testing and care that may be recommended, including contact information for medical and psychological services.

If the person tests negative for HIV infection and is known to be at high risk for HIV infection:

Person consenting has been advised of the need for periodic retesting, and of the limitations of current testing technology and the current window period for verification of results.

Person consenting has been offered prevention counseling or a referral to prevention counseling (optional).

Signature, Person Administering Test: _____ **Date:** _____

Legal References: (Beyond AIDS/Foundation assumes no liability for usage, see . www.beyondaids.org/helpforca.html)

¹ Health and Safety Code, Section 120917 describes trained HIV Counselors

² Health and Safety Code, Section 120990, as amended effective 1/1/14

³ Health and Safety Code, Section 121020, as amended effective 1/1/14

Form 105, Checklist for HIV Testing, CA Non-Medical or Consent from Other Person, rev. 11/20/17

Available as free download from Beyond AIDS Foundation at <http://www.beyondaids.org/helpforCA.html>