

# CHECKLIST FOR ALL HIV TESTING, MEDICAL SETTINGS IN CALIFORNIA

## SIDE 1, PRE-TEST

**NAME OF PERSON TO BE TESTED:** \_\_\_\_\_

**If provider initiates test offer, begin with Part B (non-pregnant patient) or Part C (pregnant patient)**

**A.  Patient independently requests test from provider (not offered first by provider)<sup>1</sup>**  
*Perform test, then proceed to Part E (non-pregnant) or F (pregnant) after test (skip parts B-D)*

**B. HIV testing offered by provider to any non-pregnant patient<sup>1</sup>**  
*Note: HIV test must be offered by primary care clinic for ages 15-65, if blood is to be drawn for other purposes, and no test or refusal is on file within past 12 months<sup>2</sup>*  
*If patient is pregnant, skip this part and go to Part C instead.*

1.  Patient has been informed of the intent to do an HIV antibody test as a part of routine medical care.
2.  Patient has been provided information about HIV antibody test, including:
  - that numerous treatment options for HIV/AIDS are available if the test is positive.
  - that if the test result is negative, periodic testing should continue to be routinely done (if he or she continues to have potential exposure).

*For non-pregnant patient, now proceed to Section D*

**C. HIV testing offered by provider to pregnant patient (or at labor and delivery if no prenatal test documented), as required by law<sup>3,4</sup>**

1.  Patient has been informed of the intent to do an HIV antibody test (along with other prenatal tests such as for and Rh and hepatitis B), and that it is a routine part of pregnancy care.
2.  Patient has been provided with information about HIV antibody testing in pregnancy, including:
  - the purposes, risks, and benefits of the test.
  - the risk of transmission of HIV infection, if present, to the baby, and the ability to greatly reduce this risk through approved treatments.

*(Note also separate requirement for prenatal HIV counseling<sup>5</sup>; may be done separately from testing.)*

*Now proceed to Section D*

**D. For all patients offered HIV testing by provider, complete this section following the above and before obtaining test**

1. Method of providing above information (*documentation recommended, not required by law*):
  - Handout covering the above<sup>5</sup>
  - Above information discussed orally with patient

2.  Patient has been informed that he or she has the right to decline the test, and:
  - Patient does not refuse test
  - Patient refuses test

*(Documentation of refusal in chart by medical care provider is required; signature below confirms refusal if this box is checked.)*

**Signature, Medical Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form 102, Checklist for HIV Testing, CA Medical incl. Pregnancy and Non-Pregnancy, 11/8/15.**

Developed by Beyond AIDS Foundation, download from <http://www.beyondaids.org/helpforCA.html>

**COMPLETE BOTH SIDES**

# CHECKLIST FOR ALL HIV TESTING, MEDICAL SETTINGS IN CALIFORNIA

## SIDE 2, POST-TEST

### **E. Post-test Counseling of Non-pregnant Patient<sup>1</sup>**

Patient has received explanation of the results and the implications for the patient's health.

#### **If the patient tests positive for HIV infection:**

Patient has been informed that there are numerous treatment options available.

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

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

Patient 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.

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

### **F. Post-test Counseling of Pregnant Patient**

Patient has received information and counseling, as appropriate, to explain the results and the implications for the mother's and infant's health, including any follow-up testing and care that are indicated.

#### **If the woman tests positive for HIV antibodies:**

Patient has received a referral to a provider, provider group, or institution specializing in prenatal and post partum care for HIV-positive women and their infants (required whenever possible).

Patient has received a referral for consultation with HIV specialist who provide care for pregnant and post partum HIV-positive women and their infants (strongly encouraged).

**Signature, Medical Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Legal and Patient Information References:**

(Beyond AIDS/Foundation assume no liability for usage, see . [www.beyondaids.org/helpforca.html](http://www.beyondaids.org/helpforca.html))

<sup>1</sup> Health and Safety Code, Section 120990, as amended effective 1/1/14 (Pre-test requirements of Part B above are not applicable if patient initiates test request.)

<sup>2</sup> Health and Safety Code, Section 120991, effective 1/1/14

<sup>3</sup> Health and Safety Code, Section 125085

<sup>4</sup> Health and Safety Code, Section 125090 as amended, effective 1/1/08

<sup>5</sup> Health and Safety Code, Section 125107

<sup>6</sup> Handouts available through California Department of Public Health in multiple languages, free downloads: CDPH 8682, "Protecting Yourself and Your Baby" (for pregnant patients, developed per HSC Section 125092), <https://www.cdph.ca.gov/programs/aids/Pages/OAPerinatal.aspx>; and CDPH 8700, "HIV Testing in Health Care Settings" (for non-pregnant patients), <https://www.cdph.ca.gov/programs/aids/Pages/OAHIVTestHCS.aspx>

**Form 102, Checklist for HIV Testing, CA Medical incl. Pregnancy and Non-Pregnancy, 11/8/15.**

Developed by Beyond AIDS Foundation, download from <http://www.beyondaids.org/helpforCA.html>

**COMPLETE BOTH SIDES**