

HIV Testing and Partner Notification Requirements in California: Keeping it Simple and Legal

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Objectives

- The participant will be able to:
 - 1) interpret and comply with current California legal requirements for HIV testing and partner notification
 - 2) perform HIV partner services and/or refer them to local public health specialists

PART 1: HIV TESTING IN CALIFORNIA

- Many providers are not fully aware of California's consent, counseling, and documentation requirements
 - Some still using written consent, which can make testing seem non-routine and serve as a barrier
 - Some think no consent or documentation are needed at all
 - Laws that made consent simpler for patients complicated things for providers

Evolution in the approach to HIV testing

- In early days of HIV epidemic, activists saw risks as well as benefits to HIV testing, if results were positive
 - Discrimination, stigma if results fell into wrong hands
 - Psychological trauma before treatment available
- Many states adopted unique written consent laws for HIV tests
- Pre-test counseling requirements assumed risks and benefits
- Gradually, became evident that these screening measures were a barrier to testing

Evolving recommendations of the Centers for Disease Control (CDC)

- HIV testing first available 1985
 - Main initial goal was protection of blood supply
- 1987 testing became part of prevention strategy
- 2001 recommended as routine for pregnant women, to prevent perinatal transmission
- 2003 value as part of routine care recognized
- 2004 simplification of screening process recommended

CDC adopts opt-out, oral, no-pre-test counseling approach

MMWR 9/22/06:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

- Diagnostic testing and HIV screening should be part of routine care for patients 13-64
 - Screen all ages if suspect TB, STDs
 - Pregnant patients should be screened early; repeat 3rd trimester if high-risk by exposure or geography
- Consent should be oral and opt-out, not separate or written
- Routine counseling should be post-test or related to declined testing (not pre-test)
- US Preventive Services Task Force endorsed screening for ages 15-65, in April 2013

Type of HIV test requirement (Jan. 2014)	# of states	Which states Reference: http://www.nccc.ucsf.edu/consultation_library/state_hiv_testing_laws/
Written consent required in at least some situations	6	CA (if social worker consents for infant ward of court); OK (all cases); NE (unless specify in general consent); MD (if other than health care setting); NY (if not rapid testing)
Oral consent, no opt-out	17	AL; CA (non-healthcare settings); CO DE FL GA IA IN MA MO ND NM OR TX WA; MD & NY (when written consent not required)
Oral opt-out for everyone	13	AZ; CA (only healthcare setting); HI IL LA MI ME NH OA RI WI WV VA
Oral opt-out only for pregnancy	14	CO CT (I&d) DE FL GA IA IN KS MO NC NM OR TN TX
Special requirements of any type for pregnancy or labor/delivery	22	AL AR CA CO CT DE FL GA IA IL IN KS MI MD MO NC NJ NM OR RI TX WA
Post-test counsel. required, all	5	CT CA HI; NE (occupational); NH NY WA
Post-test counsel. required if pos	12	AL FL GA KY NC NM NV OH OK RI TX VA
No special consent requirements for HIV testing	14-16 + DC	AL AR CT (exc I&d, doc refus) DC ID KY MI MN NC (non-preg) NJ NV OH SC SD UT VT WY
No requirement for anonymous	9	AL AR DE IA MI NH SC TN VT

California law on opt-out oral consent

AB 682 of 2007, Health and Safety Code Secs. 120990, 125090, 125107

- Opt-out applies only to medical care setting
 - Oral or written non-opt-out consent required outside of medical care setting; or if parent, guardian, etc. signs rather than patient
- Requires specific pre-test informing/counseling
- All testing requires post-test counseling
- Exemption when person requests the test
 - Can skip pre-test requirements
 - Requires documentation of the request, if not in medical care setting

California law on opt-out oral consent, contd.

- For non-pregnant (but not pregnant) patient, documentation of refusal is required
- For pregnant woman, pre-test counseling slightly different from non-pregnant patient
 - Recommend use of separate pre-test information sheet, e.g., as developed by CA Dept. of Public Health
 - Also separate requirement for prenatal HIV counseling exists for pregnant woman

Excerpts from law for non-pregnant patients

AB 682 of 2007, Health and Safety Code Sec. 120990

- 120990. (a) Prior to ordering a test that identifies infection with HIV, a medical care provider shall inform the patient that the test is planned, provide information about the test, inform the patient that there are numerous treatment options available for a patient who tests positive for HIV and that a person who tests negative for HIV should continue to be routinely tested, and advise the patient that he or she has the right to decline the test. If a patient declines the test, the medical care provider shall note that fact in the patient's medical file. (b) Subdivision (a) shall not apply when a person independently requests an HIV test from the provider.

Excerpts from law for non-pregnant patients, contd.

AB 446 of 2013, effective January 2014, provides for highlighted changes to Sec. 120990, related to post-test counseling in healthcare settings:

- (h) After the results of a test performed pursuant to this section have been received, the medical care provider or the person who administers the test shall ensure that the patient receives timely information and counseling, as appropriate, to explain the results and the implications for the patient's health. If the patient tests positive for HIV infection, the medical provider or the person who administers the test shall inform the patient that there are numerous treatment options available and identify followup testing and care that may be recommended, including contact information for medical and psychological services. ¹¹

Excerpts from law for non-pregnant patients, contd.

AB 446, changes to Sec. 120990 (h), *related to post-test counseling in healthcare settings, contd.*

- 12990. (h, contd.) If the patient tests negative for HIV infection and is known to be at high risk for HIV infection, the medical provider or the person who administers the test shall advise the patient of the need for periodic retesting, explain the limitations of current testing technology and the current window period for verification of results, and may offer prevention counseling or a referral to prevention counseling.

Excerpts from law for non-pregnant patients, contd.

AB 446 of 2013, effective January 2014, provides for highlighted new section requiring test offering at primary care clinics:

- 120991. (a) Each patient who has blood drawn at a primary care clinic and who has consented to the HIV test pursuant to Section 120990 shall be offered an HIV test. The primary care clinician shall offer an HIV test consistent with the United States Preventive Services Task Force recommendation for screening HIV infection. This subdivision shall not apply if the primary care clinic has tested the patient for HIV or if the patient has been offered the HIV test and declined the test within the previous 12 months. Any subsequent testing of a patient who has been tested by the primary care clinic shall be consistent with the most recent guidelines issued by the United States Preventive Services Task Force.

Excerpts from law for pregnant patients

- 125090. (c) Prior to obtaining a blood specimen collected pursuant to subdivision (b) of Section 125085 or this section, the physician and surgeon or other person engaged in the prenatal care of a pregnant woman, or attending the woman at the time of labor or delivery, shall ensure that the woman is informed of the intent to perform a test for HIV infection, the routine nature of the test, the purpose of the testing, the risks and benefits of the test, the risk of perinatal transmission of HIV, that approved treatments are known to decrease the risk of perinatal transmission of HIV, and that the woman has a right to decline this testing.

Excerpts from law for pregnant patients, contd.

- (d) If, during the final review of standard of prenatal care medical tests, the medical records of the pregnant woman do not document a test for rhesus (Rh) antibody blood type, a test for hepatitis B, or a test for HIV, the physician and surgeon or other person engaged in the prenatal care of the woman, or attending the woman at the time of labor or delivery, shall obtain a blood specimen from the woman for the tests that have not been documented.

Excerpts from law for pregnant patients, contd.

- Prior to obtaining this blood specimen, the provider shall ensure that the woman is informed of the intent to perform the tests that have not been documented prior to this visit, including a test for HIV infection, the routine nature of the test, the purpose of the testing, the risks and benefits of the test, the risk of perinatal transmission of HIV, that approved treatments are known to decrease the risk of perinatal transmission of HIV, and that the woman has a right to decline the HIV test.

Excerpts from law for pregnant patients, contd.

- The blood shall be tested by a method that will ensure the earliest possible results, and the results shall be reported to both of the following:
 - (1) The physician and surgeon or other person engaged in the prenatal care of the woman or attending the woman at the time of delivery
 - (2) The woman tested

Excerpt from law for pregnant patients, contd.

- (e) After the results of the tests done pursuant to this section and Section 125085 have been received, the physician and surgeon or other person engaged in the prenatal care of the pregnant woman or attending the woman at the time of labor, delivery, or post partum care at the time the results are received shall ensure that the woman receives information and counseling, as appropriate, to explain the results and the implications for the mother's and infant's health,

Excerpts from law for pregnant patients, contd.

- ...including any followup testing and care that are indicated. If the woman tests positive for HIV antibodies, she shall also receive, whenever possible, a referral to a provider, provider group, or institution specializing in prenatal and post partum care for HIV-positive women and their infants. Health care providers are also strongly encouraged to seek consultation with HIV specialists who provide care for pregnant and post partum HIV-positive women and their infants. (f) The provisions of Section 125107 for counseling are equally applicable to every pregnant patient covered by subdivisions (c) and (d).

Separate HIV counseling requirement law for pregnant women

(may be done separately from testing)

- 125107. (b) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall offer human immunodeficiency virus (HIV) information and counseling to every pregnant patient. This information and counseling shall include, but shall not be limited to, all of the following: (1) A description of the modes of HIV transmission. (2) A discussion of risk reduction behavior modifications including methods to reduce the risk of perinatal transmission. (3) If appropriate, referral information to other HIV prevention and psychosocial services including anonymous and confidential test sites approved by the Office of AIDS.

Excerpts from law for non-medical setting or if someone else consents

AB 446 of 2013, effective January 2014, provides for highlighted changes to Sec. 120990, applying to HIV testing in non-medical care settings:

- 120990 (c) Except as provided in subdivision (a), a person shall not administer a test for HIV infection unless the person being tested or his or her parent, guardian, conservator, or other person specified in Section 121020 **has provided informed consent for the performance of the test. Informed consent may be provided orally or in writing, but the person administering the test shall maintain documentation of consent, whether obtained orally or in writing, in the client's medical record.** This requirement does not apply to such a test performed at an alternative site pursuant to Sections 120890 or 120895. Nothing in this section shall be construed to allow a person to administer a test for HIV unless that person is otherwise permitted under current law to administer an HIV test.

Excerpts from law for non-medical setting or if someone else consents, contd.

AB 446 of 2013, effective January 2014, provides for highlighted changes to Sec. 120990, related to HIV testing in non-medical care settings:

- (d) Subdivision (c) shall not apply when a person independently requests an HIV test from an HIV counseling and testing site that employs a trained HIV counselor, pursuant to Section 120917, provided that the person is provided with information required pursuant to subdivision (a) and his or her independent request for an HIV test is documented by the person administering the test.

Checklist for HIV testing of non-pregnant patient, medical setting

- **BEYOND AIDS FOUNDATION HAS DEVELOPED 3 CHECKLISTS FOR TRACKING FULFILLMENT OF UNIQUE CALIFORNIA LEGAL REQUIREMENTS**
 - First one shown, starting below, is for routine testing of non-pregnant patient in medical setting
 - For actual forms, see www.beyondaids.org
- **If provider initiates test offer, begin with Part B**
 - A. Patient independently requests test from provider (not offered first by provider)¹**
 - *Perform test, then proceed to Part C after test (skip part B)*

Checklist for testing non-pregnant patient, medical setting, contd.

B. __ HIV testing offered by provider¹

(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 months²)

1. __ Patient has been informed of 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; and that if the test result is negative, periodic testing should continue to be routinely done (if he or she continues to have potential exposure)

Checklist for testing non-pregnant patient, medical setting, contd.

3. Method of providing above information
(documentation recommended, not required by law):
- Handout covering the above³
 - Above information discussed orally with patient.
4. 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:** _____

Checklist for testing non-pregnant patient, medical setting, contd.

■ C. Post-test Counseling¹

___ 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

Checklist for testing non-pregnant patient, medical setting, contd.

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)

Checklist for testing non-pregnant patient, medical setting, contd.

- **Signature, Medical Care Provider:**

_____ **Date:** _____

- **Legal and Patient Information References:**

1. *Health and Safety Code, Section 120990, as amended by AB 446 effective 1/1/14. (Pre-test requirements of Part B above are not applicable if patient initiates test request.)*

2. *Health and Safety Code, Section 120991, effective 1/1/14*

3. *Handout available, free download through California Department of Public Health in multiple languages:*

- *"HIV Testing in Health Care Settings,"*

www.cdph.ca.gov/pubsforms/forms/Pages/AIDSForms5Individuals.aspx

Checklist for HIV testing of pregnant patient, medical setting

A. ___ HIV testing offered by provider to pregnant patient (or at labor and delivery if no prenatal test documented), as required by law^{1,2}

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 treatments²⁹

Checklist for testing pregnant patient, medical setting, contd.

- *(Note also separate requirement for prenatal HIV counseling³; may be done separately from testing.)*
 - 3. Method of providing above information
(documentation recommended, not required by law):
 - Handout covering the above⁴
 - Above information discussed orally with patient
 - 4. 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 recommended ; signature below confirms refusal if this box is checked)*

Checklist for testing pregnant patient, medical setting, contd.

Signature, Pregnancy Care Provider:

_____ **Date:** _____

B. 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)

Checklist for testing pregnant patient, medical setting, contd.

___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, Pregnancy Care**

Provider: _____ **Date:** _____

Checklist for testing pregnant patient, medical setting, contd.

■ **Legal and Patient Information References:**

1. Health and Safety Code, Section 125085

2. Health and Safety Code, Section 125090 as amended, effective 1/1/08

3. Health and Safety Code, Section 125107

Handout available, free download through California Department of Public Health in multiple languages:

- *"Protecting Yourself and Your Baby" (for pregnant patients, developed per HSC Section 125092)*

- www.cdph.ca.gov/pubsforms/forms/Pages/AIDSForms5Individuals.aspx

Checklist for testing in non-medical setting, or if someone else consents

- 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.
- 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.

Checklist for non-medical setting, or if someone else consents, contd.

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)***

Checklist for non-medical setting, or if someone else consents, contd.

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

Checklist for non-medical setting, or if someone else consents, contd.

- Name of person other than patient providing consent

(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:** _____

Checklist for non-medical setting, or if someone else consents, contd.

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

1. __ 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

Checklist for non-medical setting, or if someone else consents, contd.

- **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)

Checklist for non-medical setting, or if someone else consents, contd.

■ Signature, Person Administering
Test: _____ Date: _____

■ **Legal References:**

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*

PART 2: HIV PARTNER SERVICES IN CALIFORNIA

- Contact tracing and partner notification are now called partner services
- It is legal, but complicated, for a physician to notify a spouse or suspected sexual or needle-sharing partner of a patient with HIV, of possible exposure
- Penalties for unauthorized disclosure, if process is not conducted in accordance with law

Partner services in CA: legalities

- Can a mid-level practitioner perform?
 - Physician assistant can, per PA Committee, California Medical Board (consulted 11/2012)
 - PAs derive their legal authority from the supervising physician
 - Protocols should include mention or implication of this delegation
 - Nurse practitioner cannot, per California Board of Registered Nursing (they consulted CDPH 11/2012)
- SB 422 (Beyond AIDS spons.), effective 2012, permits referral of services to public health
 - Written consent of patient required
 - *New wording shown in yellow italics, below*

CA law, partner services

- **121015.** (a) Notwithstanding Section 120980 or any other provision of law, no physician and surgeon who has the results of a confirmed positive test to detect HIV infection of a patient under his or her care shall be held criminally or civilly liable for disclosing to a person reasonably believed to be the spouse, or to a person reasonably believed to be a sexual partner or a person with whom the patient has shared the use of hypodermic needles, or to the local health officer *or designated local public health agency staff for HIV partner services*, that the patient has tested positive on a test to detect HIV infection, except that no physician and surgeon shall disclose any identifying information about the individual believed to be infected, except as required in Section 121022 *or with the written consent of the individual pursuant to subdivision (g) of Section 120980.*

CA law, partner services, contd.

- (b) No physician and surgeon shall disclose the information described in subdivision (a) unless he or she has first discussed the test results with the patient and has offered the patient appropriate educational and psychological counseling, that shall include information on the risks of transmitting the human immunodeficiency virus to other people and methods of avoiding those risks, and has attempted to obtain the patient's voluntary consent for notification of his or her contacts. The physician and surgeon shall notify the patient of his or her intent to notify the patient's contacts prior to any notification.

CA law, partner services, contd.

- When the information is disclosed to a person reasonably believed to be a spouse, or to a person reasonably believed to be a sexual partner, or a person with whom the patient has shared the use of hypodermic needles, the physician and surgeon shall refer that person for appropriate care, counseling, and followup. This section shall not apply to disclosures made other than for the purpose of diagnosis, care, and treatment of persons notified pursuant to this section, or for the purpose of interrupting the chain of transmission.

CA law, partner services, contd.

- When the information is disclosed to a person reasonably believed to be a spouse, or to a person reasonably believed to be a sexual partner, or a person with whom the patient has shared the use of hypodermic needles, the physician and surgeon shall refer that person for appropriate care, counseling, and followup. This section shall not apply to disclosures made other than for the purpose of diagnosis, care, and treatment of persons notified pursuant to this section, or for the purpose of interrupting the chain of transmission.

CA law, partner services, contd.

- (c) This section is permissive on the part of the attending physician, and all requirements and other authorization for the disclosure of test results to detect HIV infection are limited to the provisions contained in this chapter, Chapter 10 (commencing with Section 121075) and Sections 1603.1 and 1603.3. No physician has a duty to notify any person of the fact that a patient is reasonably believed to be infected with HIV, except as required by Section 121022.
 - (Comment: that's the section on reporting of HIV to public health; no written consent needed if referral to public health is done at time of reporting of HIV case.)

CA law, partner services, contd.

- (d) The local health officer *or the designated local public health agency staff for HIV partner services* may, *without incurring civil or criminal liability*, alert any persons reasonably believed to be a spouse, sexual partner, or partner of shared needles of an individual who has tested positive on an HIV test about their exposure, without disclosing any identifying information about the individual believed to be infected or the physician making the report, and shall refer any person to whom a disclosure is made pursuant to this subdivision for appropriate care and followup.

CA law, partner services, contd.

- Upon completion of the efforts to contact, *alert, and refer* any person pursuant to this subdivision by a local health officer *or the designated local public health agency staff for HIV partner services*, all records regarding that person maintained by the local health officer pursuant to this subdivision, including, but not limited to, any individual identifying information, shall be expunged by the local health officer.

Checklist proposed by Beyond AIDS to track partner services requirements

A. Signed consent for referral of partner services to local public health*

- I hereby give my permission for my physician, or physician assistant, to request assistance from the local public health agency assigned to partner services. Such assistance may include interviewing me about persons who might have become exposed to HIV infection, and then attempting to locate and notify any such persons about possible HIV exposure and the need for HIV testing, counseling, other services as indicated. I have been assured that I will not be named or identified during any such notifications.

Signature of Patient: _____ Date: _____

Checklist for partner services, contd.

(Note: Consent not required when referral occurs at the time of HIV reporting to public health. Names and contact information of suspected partners may also be reported to public health without consent, if source patient is not identified.)

B. Interview with patient if physician/assistant wishes to perform partner services rather than referring to public health*

- Positive HIV test results have been discussed with the patient.
- Appropriate educational and psychological counseling has been offered
- Patient has been asked for permission for physician/assistant to notify partners.

Checklist for partner services, contd.

___ Patient agrees to give such permission:

- **Signed consent for notification of partners**
- I hereby give permission for my physician, or physician assistant, to notify my spouse or sexual or needle-sharing partners that they might have become exposed to HIV. I have been assured that I will not be named or identified during any such notifications.
- Signature of Patient: _____ Date: _____
- Patient declines to give permission for notifying partners, but has been informed that physician or physician assistant intends to notify such partners, without naming or identifying the patient.

Checklist for partner services, contd.

- **Documentation of Notification, Referral, and Counseling of Suspected Partner***
- *(Note: A separate copy of this section should be completed for each partner notified. Partner should not see parts A and B or any other document identifying the source patient.)*
- **Name of person to be notified: _____**
- **Contact information for person to be notified (phone, address, e-mail, where can be found, etc.):**
- _____

Checklist for partner services, contd.

1. __ Above person was notified that s/he has been named as a partner by someone with HIV and might have been exposed to the risk of HIV infection.
 - *NOTE: If partner is notified of exposure, law requires that items 3 or 4, item 5, and item 6 if indicated, also be performed. Law also requires that the source patient may not be named and that identifying information may not be provided, which may be explained as per item 2.*
2. __ Person was notified that the law prohibits naming or identifying whom s/he may have been exposed to.

Checklist for partner services, contd.

3. __ Counseling about the significance of HIV exposure was provided.
4. __ Person was referred for counseling about the significance of HIV exposure.
5. __ If person is not already aware of being HIV positive, s/he was urged to obtain HIV testing and was referred for testing.
6. __ Person was referred for any other indicated follow-up.

Checklist for partner services, contd.

- Comments: _____
- Signature of Medical Care Provider: _____
Date: _____
- ** Pursuant to Health and Safety Code, Section 121015,
as amended effective 1/1/2012.*

If you think all this is too complicated...

- So do we!
- You are welcome to work with Beyond AIDS, the California Medical Association, and the AIDS Healthcare Foundation, to simplify these legal requirements!
- www.beyondaids.org