

New Life Wellness Center

Manhattan: 128 Mott Street, New York, NY 10013 **Sunset Park:** 630 59th Street, Brooklyn, NY 11220 **Bay Ridge:** 6700 3rd Avenue, Brooklyn, NY 11220

Confidentiality of HIV information

If you take the HIV antibody test, your test results are confidential. Under New York State law, confidential HIV information can only be given to people you allow to have it by giving your written approval, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care for minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. The law also allows your HIV information to be released under limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment.

Reporting Requirements

Your name will be reported to health department if you have a confirmed positive HIV antibody test result received through a confidential test, other HIV-related test results, a diagnosis of AIDS, or if you have chosen to attach your name to a positive test result at an anonymous site. The health department will use this information to track the epidemic and to better plan prevention, health care and other services.

Notifying Partners:

If you test HIV positive, your provider will talk with you about the importance and benefits of notifying your partners of their possible exposure to HIV. It is important that your partners know they may have been exposed to HIV so they can find out whether they are infected and benefit from early diagnosis and treatment. Your provider may ask you to provide the names of your partners, and whether it is safe for you if they are notified. If you have been in an abusive relationship with one of your partners, it is important to share information with your provider. For information regarding services related to domestic violence, call 1-800-942-6906.

- Under state law, your provider is required to report to the health department the names of any of your partners (present and past sexual partners, including spouses and needle sharing partners) whom they know.
- If you have additional partners whom your provider does not know, you may give their names to your provider so they can be notified.
- Several options are available to assist you and your provider in notifying partners. If you or your provider do not have a plan to notify your partners, the Health Department may notify them without revealing your identity. If this notification presents a risk of harm to you, the Health Department may defer the notification for a period of time sufficient to allow you to access domestic violence prevention services.
- If you do not name any partners to your provider or if a need exists to confirm information about your partners, the health department may contact you to request your cooperation in this process.

Confidentiality of HIV Test Results and Related Information:

If you feel your confidentiality has been broken, or for more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065. Any health or social service provider who illegally tells anyone about your HIV information may be punished by a fine of up to \$5,000 and a jail term of up to one year. The law also protects you from HIV-related discrimination in housing, employment, health care or other services. For more information, call the New York State Division of Human Rights at 1-800-523-2437.

My question about the HIV antibody test were answered. I agree to be tested for HIV.

Signature _____

Date _____

I provided pre-test counseling in accordance with Article 27-F of the New York State Public Health Law. I answered the above individual's questions about the test and offered him/her an unsigned copy of this form.

Signature _____

Date _____

Facility/Provider Name _____