

**Memorandum of Agreement
FOR
HIV COUNSELING, TESTING, AND/OR REFERRAL SERVICES**

Between

BROWARD COUNTY

and

**STATE OF FLORIDA, DEPARTMENT OF HEALTH,
BROWARD COUNTY HEALTH DEPARTMENT**

This is an Agreement between Broward County, a political subdivision of the State of Florida, hereinafter referred to as "Provider" and the State of Florida, Department of Health, hereinafter referred to as "DOH-Broward," to address their collaborative efforts for the purpose of enrolling the Nancy J. Cotterman Center (NJCC) as a registered Human Immunodeficiency Virus (HIV) testing site; for victims of sexual assault completing a sexual assault examination.

WHEREAS, in accordance with Chapter 381, Florida Statutes DOH-Broward shall conduct a communicable disease prevention and control program, that includes programs for the prevention and control of human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS);

WHEREAS, in accordance with Chapter 381, Florida Statutes each county health department shall establish a network of voluntary human immunodeficiency virus testing programs and can contract with other private providers as local circumstances dictate;

NOW THEREFOR, Provider has complied with all requirements pursuant to Chapter 381, Florida Statutes to be registered with the Department of Health as an HIV Testing Site; and

WHEREFORE, IN CONSIDERATION of the mutual terms, conditions, promises, and covenants hereinafter set forth, the Provider and DOH-Broward agree as follows:

The Provider agrees to:

1. Provide confidential HIV counseling, testing, and/or referral through stationary sites and/or Mobile Testing Units (MTU) at no charge to the NJCC client.
2. Register the stationary test sites as HIV certified test sites annually with the Department of Health in Tallahassee with the application submitted 60 days prior to expiration date. Registered test site location is solely for the primary services of clients at the site location receiving exam services. The current registered HIV test site certification will be posted in a location visible for NJCC clients at all times.
3. Contact DOH-Broward's Early Intervention Consultant (EIC) immediately regarding any operational changes such as location of testing site, contact phone numbers, fax number, e-mail address and the names of contact personnel, and also to discuss all counseling and testing concerns.

4. Follow all applicable Florida statutes and rules regarding confidential HIV counseling, testing, and referral; as outlined in IOP 360-09-17, "Provision of HIV Testing and Linkage" (Exhibit A) and IOP 360-07-17, "Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants" (Exhibit B) as it relates to NJCC.
5. Follow all Department of Health policies, protocols, and guidelines regarding confidential HIV counseling, testing, and referral; as it relates to the services provided at the site, including completion of informed consent forms (DH1818) (Exhibit C) or obtain Informed Consent verbally and document in the medical record, and completion of the pre-test counsel/laboratory form's (DH1628) demographic section, only.
6. Follow Centers for Disease Control and Prevention (CDC) and State of Florida Department of Health (FDOH) policies, protocols and guidelines to identify and test people at greater risk of HIV infection.
7. Participate in quality improvement/technical assistance reviews by the FDOH HIV/AIDS Section, DOH-Broward's EIC, and/or DOH-Broward's Communicable Disease Division.
8. Where applicable, the Provider shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, the Health Insurance Portability Accountability Act (HIPAA). , as well as, all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).
9. The Provider shall retain all client records and any other documents (including electronic storage media) pertinent to this MOA for a period of seven (7) years after termination of the MOA.
10. The parties to this Agreement are governmental entities per the provisions of section 768.28, Florida Statutes, and thus each party agrees to be liable to the limits as set forth in section 768.28, Florida Statutes, for its acts of negligence or omissions or intentional tortuous acts which result in claims or suits against them, and agrees to be liable to the limits set forth in section 768.28, Florida statutes, for any damages proximately caused by said acts or omissions. Nothing herein shall be construed as consent by either party to be sued by third parties in any matter arising out of this contract.
11. In the performance of this agreement, it is agreed that the Provider is an independent contractor and is solely liable for the performance of all tasks contemplated by this Agreement, which are not the responsibility of DOH-Broward. The Provider, its employees, officers, agents, and subcontractors, in performance of this agreement, shall act in the capacity of an independent contractor and not as an officer, employee or agent of the State of Florida. Nothing herein shall create or be construed to create an employer-employee, agency, joint venture, or partnership relationship between the parties.
12. Follow the FDOH Model Protocol for HIV Counseling and Testing in Non-Health Care Settings (Exhibit D).

DOH-Broward agrees to:

1. The Department as a state agency agrees to be fully responsible to the limits set forth in Section 768.28, F.S. for its own negligent acts which result in claims or suits against the Department arising out of this Agreement, and agrees to be liable to the limits set forth in Section 768.28, F.S. for any damages proximately caused by said acts or omissions. Nothing herein shall be construed as a waiver of sovereign immunity or consent by a state agency or subdivision of the State of Florida to be sued by third parties in any matter arising out of any Agreement.
2. Provide, as available, HIV testing supplies, DH 1628 Laboratory Request Forms (Revision 05/16) and state laboratory services at no charge to the Provider.
3. Provide the HIV/AIDS 500 prerequisite course, the HIV/AIDS 501 Prevention Counseling, Testing, and Linkage course, annual HIV/AIDS 501 updates and rapid testing trainings at no charge to the Provider based on a calendar established by DOH-Broward.
4. Provide, upon request, copies of applicable Florida Statutes and rules and Department of Health policies, protocols, and guidelines regarding HIV Counseling, Testing, Referral and/or Linkage Services to the Provider.
5. Provide partner services and linkage to care for all patients with a positive HIV test.
6. Provide technical assistance as needed to the Provider or refer Provider to the FDOH HIV/AIDS Section for technical assistance.
7. Provide capacity building assistance as needed to the Provider or request capacity building assistance for the Provider to the FDOH HIV/AIDS Section.
8. Provide HIV Counseling, Testing and Linkage score cards to the Provider annually.
9. Conduct quality improvement/technical assistance reviews as needed or scheduled.
10. Provide a DOH-Broward HIV/AIDS Program resource package annually; including, but not limited to, DOH-Broward's EIC contact information.

Both Parties agree that:

This Agreement shall be effective for the term of one year beginning on the date it was signed by both parties and may be renewed for two (2) consecutive one year terms provided the parties agree, in writing, thirty days prior to the anniversary date of the Agreement.

This Agreement may be terminated by either party with no less than 30 days' notice (as determined by the date the notice was placed in the U.S. Mail) without cause, unless a lesser time is mutually agreed upon by both parties. Termination with cause (breach of agreement), will result in immediate termination. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The parties designated to receive notice are as follows:

Broward County
Roger Robinson
Nancy J. Cotterman Center
400 NE 4th Street
Fort Lauderdale, FL 33301

DOH-Broward
Paula M. Thaqi, M.D., MPH
State of Florida, Department of Health-
Broward County
780 S.W. 24th Street
Fort Lauderdale, FL 33315

The terms and conditions as set forth in #8, #9 and #10, in the "The Provider agrees to" section of this Agreement, shall survive the termination of this Agreement.

The individuals executing this Agreement represent and warrant that each has the full power and authority to execute this Agreement on behalf of the parties hereto.

This Agreement may be executed in multiple counterparts, each of which will be deemed an original document but all of which will constitute a single document. An electronic copy of this Agreement and any signatures thereof shall be considered for all purposes as originals.

In witness thereof, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

BROWARD COUNTY

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Signed by: _____

Signed by: _____

Name: _____

Name: Paula M. Thaqi, M.D., MPH

Title: _____

Title: Director, DOH-Broward

Date: _____

Date: _____

Reviewed and approved as to form:
Andrew J. Meyers, County Attorney

By [Signature] (01/29/2019)
Hulda O. Estama, Assistant County Attorney

By [Signature] for 1/30/19
Karen S. Gordon, Assistant County Attorney

EXHIBIT A

Department of Health
Division of Disease Control and
Health Protection
Bureau of Communicable Diseases
HIV/AIDS Section

Procedure
Provision of HIV Testing and Linkage
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- I. **Purpose:** To prevent the spread of HIV infection through the delivery of science-based, culturally sensitive HIV testing and linkage services. The provision of linkages and/or referrals to needed prevention and medical psychosocial services, including behavioral and biomedical interventions. Successful linkages of HIV-positive clients to partner services (PS), expedited HIV treatment, case management, and support services as appropriate. Ongoing program evaluation and quality improvement to ensure that testing and linkage services are accessible, readily available, and of the highest quality.
- II. **Authority:** Section 381.004, Florida Statutes; Florida Administrative Code (F.A.C.) Rule 64D-2.
- III. **Scope:** All Department personnel, contracted staff, and volunteers.
- IV. **Definitions**
- A. **Centers for Disease Control and Prevention (CDC):** The CDC is the leading national public health institute of the United States. The CDC is a United States federal agency under the Department of Health and Human Services, headquartered near Atlanta, Georgia.
- B. **Community-based providers:** Nonprofit groups that work at a local level to improve life for residents. The focus is to build equality across society in all streams—health care, environment, quality of education, access to technology, access to spaces, and information for the disabled, to name a few.
- C. **Counselor:** A health professional responsible for providing essential HIV counseling and testing services to clients and families who may be at risk of infection or are affected by the disease. An HIV/AIDS counselor specializes in providing educational and medical information to help prevent the spread of HIV.
- D. **County Health Department (CHD):** CHDs work to preserve, protect, and enhance the general health, and environment of the community by providing leadership in public health policy, assuring access to quality health services and information, preventing disease, and enforcing health regulations.
- E. **Department:** The Florida Department of Health.
- F. **Early Intervention Consultant (EIC):** EICs are regional positions covering 15 jurisdictional areas across Florida. EICs ensure an effective HIV-testing training system exists in their area, participates in quality improvement and technical assistance activities, ensures an adequate distribution of test sites (confidential and anonymous) that target high-risk and priority populations, and evaluates area counseling and testing programs by requesting and reviewing HIV testing data on a regular basis.
- G. **Health Care Setting:** A setting devoted to the diagnosis and care of persons or the provision of medical services to persons, such as CHD clinics, hospitals,

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urgent care clinics, substance abuse treatment clinics, primary care settings, community clinics, blood banks, mobile medical clinics, and correctional health care facilities.

- H. **HIV:** The human immunodeficiency virus (HIV) is a lentivirus (a subgroup of retrovirus) that causes HIV infection and over time acquired immunodeficiency syndrome (AIDS).
 - I. **HIV/AIDS 500:** Basic HIV Counseling, Testing, and Linkage training course required for certification as a HIV counselor and tester in the state of Florida. Prerequisite to HIV/AIDS 501 course.
 - J. **HIV/AIDS 501:** Advanced HIV Counseling, Testing, and Linkage training course required for certification as a HIV counselor and tester in the state of Florida.
 - K. **HIV Test:** A test ordered on or after July 6, 1988, to determine the presence of the antibody or antigen to HIV or the presence of HIV infection.
 - L. **HIV Test Result:** A laboratory report of a HIV test result entered into a medical record on or after July 6, 1988, or any report or notation in a medical record of a laboratory report of a HIV test. The term does not include test results reported to a health care provider by a patient.
 - M. **Linkage:** Linkage to care is the process of engaging newly diagnosed HIV-infected persons into HIV primary care.
 - N. **Non-health care setting:** A site that conducts HIV testing for the sole purpose of identifying HIV infection. Such setting does not provide medical treatment but may include community-based organizations, outreach settings, CHD HIV testing programs, and mobile vans.
 - O. **Partner Services (PS):** PS provides an array of free services to persons with HIV or other Sexually Transmitted Diseases (STD) such as syphilis, gonorrhea, and chlamydial infection and their partners. PS is a function of local and state health department staff who help to identify and locate sex or drug-injection partners to inform them of their risk and to provide them testing, counseling, and referrals for other services.
 - P. **Trainer:** A state or county Department employee certified to train other individuals in the HIV/AIDS 500/501 Counseling, Testing, and Linkage course and/or other Department sponsored courses.
- V. **Procedures**
- A. **Administrative Functions and Responsibilities**
 - 1. Registration and Reregistration of Testing Programs

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- a. All CHDs and organizations that conduct or advertise as conducting an HIV testing program must register with the HIV/AIDS Section and receive a site number. Please refer to F.A.C. Rule 64D-2.006, for more information. Non-Florida Department test sites are required to pay a processing fee. Fees established shall be an amount sufficient to meet all costs incurred by the Department in carrying out its registration, data collection, compliance monitoring, and administrative responsibilities under Section 381.004 (9)(b) Florida Statutes, for all private HIV testing sites, but shall not exceed \$100. The one-time registration fee of \$100 can only be waived under the stipulations outlined in the FAC.
- b. HIV testing programs must reregister annually. All registered testing sites have received a Certificate of Registration with an expiration date of one year from the date of registration. Sites will be sent an application form for reregistration 60 days prior to their expiration date. Sites that fail to reregister with the HIV/AIDS Section by the expiration date are not authorized to continue operating an HIV testing program.
- c. The role of the physician, as it relates to HIV testing sites, is to ensure the operation of the center and to ensure that the site is adhering to community practice. This includes all medical standards, standard precautions, correct and accurate billing, and meeting protocols.
- d. If the Department laboratory is used for HIV testing, test sites must use the Department HIV testing and linkage forms, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
- e. HIV testing staff as defined in IOP 360-07-17, "Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants" must have documentation of approved training in HIV counseling and testing prior to performing HIV testing sessions. Training includes the HIV/AIDS 500 and 501 courses and annual HIV/AIDS 501 updates.
- f. The CHD must agree to provide the HIV/AIDS 500 and HIV/AIDS 501 courses and annual HIV/AIDS 501 updates to registered test site staff free of charge. The CHD will also provide the applicable forms to the provider free of charge.

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2. Confidential and Anonymous Test Sites

- a. Potential test sites should contact their local EIC or HIV/AIDS Program Coordinator for a new site application packet. The package contains a copy of relevant statutes and administrative rules; the model protocols; a sample Memorandum of Agreement/Memorandum of Understanding (MOA/MOU); and the DH Form 1781 *Application for Registration and Reregistration for HIV Testing Programs*.
- b. Potential test sites must complete the DH Form 1781 *Application for Registration and Reregistration for HIV Testing Programs* and return it to the HIV/AIDS Section. Non-Department sites are required to submit the one-time \$100 registration fee along with the application, unless it has been waived.
- c. If the Department is providing support for any portion of HIV testing services, including forms, test supplies, and laboratory support to non-Department test site, a MOA/MOU must be negotiated between the local CHD and the provider. The potential test site must agree to follow all Department security and client confidentiality policies and procedures. This MOA/MOU must state that the potential provider will follow all applicable statutes, rules, policies, and procedures regarding HIV counseling and testing. It will be important for the CHD to include what they require of the site in the agreement, such as not turning clients away because of their inability to pay for testing, participation in quality improvement/technical assistance reviews by CHD and/or HIV/AIDS Section staff, following the appropriate model protocol, and following applicable technical assistance guidelines. The EIC will be available to provide technical assistance on the application process.
- d. Upon receipt of the completed DH Form 1781 at the State office, the HIV Counseling and Testing Team Lead will review the DH Form 1781 for approval. Once approved, a provider site number will be assigned and a certificate issued by the Data Integration team. The certificate should be posted in a location visible to clients.
- e. Anonymous sites must be approved by the HIV/AIDS Section Administrator.
- f. HIV counselors will meet the minimum requirements, as outlined in IOP 360-07-17, "Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants" and complete annual HIV/AIDS 501 updates. HIV counseling and testing should be included in performance standards of all persons providing these services. Qualified staff should monitor counselors at least annually or as needed and should provide immediate feedback.
- g. Services are provided in accordance with all applicable laws, administrative rules, guidelines, policies, and procedures.

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- h. Department staff should ensure that test sites are supplied with necessary forms and equipment to properly execute HIV prevention counseling, testing, and linkage services.
 - i. Services are provided in a manner that is appropriate for the client's culture, language, gender, sexual orientation, and age. All persons providing HIV prevention counseling, testing, and linkage services should receive cultural diversity training.
 - j. Barriers to clients' accessing services are assessed, identified, and eliminated or reduced on an ongoing basis. To increase accessibility for clients, HIV testing may be integrated with other clinical/program services. Services should be available on an appointment or walk-in basis. Hours of operation should be based on clients' need for services, staffing levels, and available resources.
 - k. HIV/AIDS printed informational materials and condoms with instructions are readily available at test sites.
 - l. Services are provided in a confidential setting.
 - m. Every effort is made to ensure that clients who test positive receive their results (for example, given post-test appointment at the time of testing, followed-up with a generic phone call, followed up with a letter, or visited in the field).
 - n. Documentation of services is conducted as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*. A sampling of records should be randomly chosen and reviewed annually by qualified staff. Qualified staff may include prevention program staff, EICs, clinic supervisors, HIV/AIDS Program Coordinators and others who have been trained in how to review counseling, testing, and linkage records.
 - o. Records are maintained in a secured area with minimal access.
 - p. Appointments for anonymous HIV counseling and testing services are not scheduled in a way that will identify the client. An alternative system, such as using a numerical appointment system, should be developed. Pseudonyms should not be used to identify clients in anonymous HIV test settings.
 - q. Relationships with medical and social service providers are established and maintained to facilitate successful linkages.
 - r. No client is denied services based on inability to pay. Fees can be charged on a sliding scale or flat rate. In the case of an anonymous test, the client's verbal declaration of their inability to pay will be sufficient.

B. HIV Testing

- 1. HIV Testing in Health Care Settings
 - a. When providing HIV testing in CHD health care settings, staff must provide the opportunity for pre-test counseling and face-to-face post-test counseling. Pre- and post-test counseling are not required in other health care settings. While informed consent is no longer required, clients must be notified that they will be tested

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- for HIV unless they decline (opt-out). If a client declines, this must be noted in the client's medical record. Health care setting is defined as any setting devoted to both the diagnosis and care of persons, such as CHD clinics, hospital emergency departments, urgent care clinics, substance abuse treatment clinics, primary care settings, community clinics, mobile medical clinics, and correctional health care facilities. Examples of notification include:
- (1) Signage in an exam room notifying the patient that HIV testing is performed as a routine part of medical care and they have the right to refuse.
 - (2) A patient brochure on HIV that explains routine HIV screening is a practice of the facility and that they have the right to refuse.
 - (3) Information about routine screening in the general medical consent/other consent form and that they have the right to refuse.
 - (4) Verbally inform the patient that an HIV test will be performed as a routine screening with all other tests and that they have the right to refuse.
2. HIV Testing in Non-Health Care Settings
 - a. When providing HIV testing in non-health care settings, staff must provide pre-test counseling, face-to-face post-test counseling, and obtain informed consent. Informed consent to perform a test for HIV in a non-health care setting need not be in writing if there is documentation in the medical record that the test has been explained and consent has been obtained. Informed consent must include information that a positive HIV test result, along with identifying information, will be reported to the county health department and the availability and location of sites at which anonymous testing is performed. A non-health care setting is defined as any site that conducts HIV testing for the sole purpose of identifying HIV infection. These settings do not provide any type of medical treatment and include community-based organizations, outreach settings, CHD HIV testing programs, and mobile vans/testing units. For individual testing, CDC no longer supports extensive pre-test and post-test counseling. Instead, HIV testing providers should conduct brief, information-based sessions tailored to their clients.
 3. HIV Risk Assessment: Risk information must be collected for all tests paid for with CDC HIV prevention funding. Risk assessment is an essential element of HIV testing in which the client and counselor work to understand and acknowledge the client's personal risk(s) for HIV. Additional information on HIV risk assessment can be obtained in the HIV/AIDS 501 course and annual update.
 - a. All adult and adolescent clients who are members of communities with high rates of HIV should be screened for HIV at least annually.

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- b. When conducting the risk assessment, it is important to assure the client that all information is confidential under Florida law. All HIV counseling sessions should be conducted face-to-face with the client and counselor behind a closed door. If sessions are conducted in an outreach setting, all precautions should be taken to ensure confidentiality. This could include the counselor and client moving away from other individuals and/or encouraging clients to meet with their counselor in the clinic. Partners, spouses, relatives, and others may only be permitted in the room or in the counseling area for translation purposes when no interpreters are available unless the test site is conducting the Couples HIV Counseling and Testing intervention (refer to Couples HIV Counseling and Testing manual). With client permission, a third party may be allowed in the room for monitoring.
 - c. Risk assessment allows the counselor and client to identify, acknowledge, and understand the specific details of the client's own HIV risks and the context in which risk occurs (refer to the HIV/AIDS 501 manual).
 - (1) Information from the risk assessment should be documented in the client record and on the DH Form 1628 *Laboratory Request Form*, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
 - (2) Clients identified as being at risk should be strongly encouraged to accept testing.
 - (3) Because clients' HIV risk may not always be identified by HIV counselors or acknowledged by clients, any client who requests a test should be given one.
 - 4. HIV Pre-Test Counseling
 - a. Purpose of the HIV test, including medical indications
 - b. Possibility of false positive or false negative result
 - c. Possible need for confirmatory testing
 - d. Possible need for retesting
 - e. Availability, benefits, and confidentiality of partner notification services
 - f. Need to eliminate high-risk behavior
 - g. All pregnant women will be advised of the need to know their HIV status, the risk to unborn children, and treatment regimens that are available to reduce the risk of perinatal transmission. Florida law requires that all pregnant women receive opt-out testing for HIV, chlamydia, gonorrhea, syphilis, and hepatitis B at her first prenatal medical appointment and again at 28–32 weeks gestation. A DH Form 1631 *Statement of Objection* must be completed when a pregnant woman declines HIV testing.
 - h. Information from the pre-test counseling session should be documented in clients' records and on the DH Form 1628

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- Laboratory Request Form*, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
5. Informed Consent (Non-health care settings only)
 - a. No person shall perform a HIV antibody test on an individual without first obtaining the consent of the test subject or his/her legal representative. Limited exceptions to obtaining informed consent can be found in section 381.004 (2) (h), Florida Statutes. When written, informed consent is obtained, the DH Form 1818 *Consent Form* may be used. Documentation of informed consent must be recorded in the medical record. Specimen collection should only take place after informed consent has been obtained. This will eliminate the possibility of testing clients without consent. See model protocol for non-health care settings.
 - b. Clients who accept testing may complete the appropriate side of the DH Form 1818 *Consent Form*, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*. The counselor will assess the client's ability to read the consent form and will assist the client as needed. Reasonable accommodations should be made for those who need them.
 - c. When obtaining informed consent from the client, the counselor should explain the following:
 - (1) The meaning of "confidential" and the client's right to confidential treatment of information identifying the subject of the test and the results of the test to the extent provided by law, and that Florida law provides penalties for breaches of confidentiality.
 - (2) A positive test result is reported to the local CHD in a way similar to other infection reporting. HIV infection reporting should not be presented in such a way as to deter confidential testing. HIV infection reporting allows Department staff to offer follow up activities to those who test positive, including post-test counseling for those who do not return for test results, linkages to medical and psychosocial services, and voluntary PS.
 - (3) A list of anonymous test sites is available at the local CHD or at www.floridaaids.org.
 6. HIV Post-Test Counseling Session
 - a. Post-test counseling should include the following:
 - (1) The meaning of the test results.
 - (2) The possible need for additional testing.
 - (3) The need to eliminate risk behavior.
 - b. HIV Negative and Inconclusive Post-Test Session
 - (1) Discuss the availability of [Pre-Exposure Prophylaxis](#) (PrEP) for persons at high risk for HIV infection.
 - (2) Discuss the need for retesting due to recent possible exposure or if result is inconclusive. Most infected persons will develop detectable HIV antibodies within three months

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of exposure. Persons with initial inconclusive results should be retested immediately. Persons with continued inconclusive results after one month are highly unlikely to be infected and should be counseled as though they are not HIV infected, unless recent exposure is suspected, per the CDC Revised Counseling, Testing and Referral Guidelines. A specific return date should be given for all retesting.

c. HIV-Positive Post-Test Session

- (1) Discuss the importance of initiating immediate antiretroviral therapy (ART). Studies show the sooner treatment is initiated, the better the health outcomes for the infected individual. More importantly, research has shown that the "test and treat" strategy has the potential to lower HIV incidence by reducing community viral load, a population-based measure of HIV virus levels in HIV-positive individuals in a local community. People with HIV who start treatment before their immune systems are moderately damaged are 96 percent less likely to transmit the virus to an uninfected partner.
- (2) Post-test counseling for positive test results must also include information on the availability of medical and support services; on the importance of notifying partners that may have been exposed, including spouses from the past 10 years of their potential exposure; and on preventing HIV transmission. Information should also be given on options for eliminating and/or reducing the transmission of HIV infection to the individual and/or partners. Florida law imposes strict penalties upon those who knowingly transmit HIV infection to others (sections 384.24 and 384.34, Florida Statutes).
- (3) Inform all pregnant women who test positive for HIV of the benefits of ART therapy during pregnancy, where she can go to obtain the medications, and that breastfeeding can transmit HIV infection to her baby. In addition, all pregnant women who test positive for HIV antibodies will be referred to the local Targeted Outreach for Pregnant Women Act (TOPWA) program, Healthy Start Coalition, or medical case management. HIV testing should be encouraged for the baby's father and any other of the woman's children, as appropriate.
- (4) Discuss/review risk reduction plan, including risk of additional infection exposure and transmission to others. The discussion may include abstinence and/or safer sex practices, not sharing needles, proper cleaning of injection materials, and condom use/demonstrations. The client will also be informed of the penalties for criminal transmission

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- (5) of HIV (section 384.34, Florida Statute), reasons not to donate blood, blood products, semen, tissues and organs, and the importance of protecting his/her immune system. Discuss client's past and present sex and/or needle-sharing partners who may have been exposed to HIV. All HIV-positive clients must be asked if they have, or have had, a spouse at any time within the 10-year period prior to the diagnosis of HIV infection. If so, the client should be informed of the importance of notifying the spouse or former spouse(s) of the potential exposure to HIV. The client must be informed of the availability of confidential PS through the CHD STD program for spouse or former spouse(s) and any sex or needle-sharing partners.

C. Partner Services (PS)

1. PS is one of the most effective HIV prevention strategies and should always be done by trained staff and in accordance with TAG 360-11 "Field Services for Clients with a Diagnosed STD, a Positive STD Laboratory Finding or a Known or Suspected Exposure" and IOP 360-30 "Partner Services for Persons Infected with a STD by a Non-STD Epidemiologist."
2. Due to the sensitive nature involved in the identification and location of partners, PS should be performed by a qualified Disease Intervention Specialist (DIS) who is trained in these techniques. Pursuant to section 384.26, Florida Statute, only the Department and its authorized representatives may conduct PS. The CHD STD program is responsible for all PS activities, regardless of where the client was originally tested. Other CHD staff may elicit information regarding partners, but only STD DIS can perform notification of partners. Each test site should establish and maintain a good rapport with their local CHD STD program to facilitate the provision of PS to clients who test positive.
3. If the client indicates he/she will not participate in PS and will not notify his or her spouse or ex-spouse(s), the tester has no authority to notify the spouse, former spouse(s) and/or other sex/needle-sharing partners, with the following exception:
 Pursuant to section 456.061, Florida Statute, health care practitioners who are regulated through the Division of Medical Quality Assurance of the Department have the privilege to notify sex and/or needle-sharing partners of HIV-positive patients under certain circumstances and if done in compliance with the "Partner Notification Protocol for Practitioners." Liability is not attached to either the practitioner's decision to notify partners or not to notify partners.
4. Clients who test positive for HIV anonymously need to be informed of the possibility that they may be named as a contact to a partner who has tested positive for HIV. This may result in a CHD STD program staff offering the original client HIV counseling and testing and other services. The client will be informed that the DIS is acting on information obtained

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from an infected sex and/or needle-sharing partner. The counselor should assist the original client in determining the appropriate response.

D. Linkages to Medical Care and Social/Support Services

1. HIV-infected clients should immediately be linked to medical care for initiation of ART. Studies have shown that beginning HIV treatment immediately increases the likelihood of maintaining health, enhances longevity and quality of life, and reduces the risk of transmission through viral suppression.
2. High-risk HIV-negative clients should be linked to a medical provider for PrEP assessment and initiation.
3. HIV-infected clients will be contacted by CHD DIS for PS.
4. Referral services should be offered to all clients of HIV test sites who are in need of prevention and other supportive services, particularly clients who are HIV infected.
5. Linkages differ from referrals because linkages require providers to take whatever steps are necessary to ensure that the client accesses needed services. This may mean the provider makes a phone call to an agency to make an appointment for the client, a call to the agency to ensure that the appointment was kept, and/or a form that is given to a client with the address and phone number of the agency and a specific contact person. The agency can send a copy of the form back to the provider with documentation that services were/are being provided to the client. Clients should be provided with assistance in accessing and completing linkages and completion of linkages should be verified.
6. Other linkage and/or referral needs may include but are not limited to the following:
 - (a) TB testing
 - (b) Case management
 - (c) Substance abuse prevention and treatment programs
 - (d) TOPWA and/or Healthy Start
 - (e) Prenatal care
 - (f) Domestic violence counseling
 - (g) Family planning services
 - (h) Mental health services
 - (i) STD and viral hepatitis screening and treatment
 - (j) Behavioral interventions

E. Quality Assurance

1. Documentation
 - (a) Proper documentation provides evidence that services were offered and/or provided and that the site is in compliance with Department policies. Appropriate documentation can also minimize the risk of future legal action.
 - (b) Services should be documented in client records and on HIV testing forms, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
2. Quality Improvement Reviews

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- (a) EICs are responsible for conducting quality improvement site visits annually to assess the following (refer to IOP 360-07-17, "Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants").
- (1) Accessibility of services, including hours of operation, location, availability of supplies, and materials such as brochures, posters, forms, condoms, etcetera. Compliance with written policies, procedures, protocols, guidelines, rules, regulations, and laws. Cultural, linguistic, gender, and age appropriateness of services and materials. Staff performance/proficiency such as competence, skills, training, and record keeping procedures, including confidentiality and security.
 - (2) Test sites should develop their own written quality assurance protocols and should make them available to all staff providing testing and linkage services.
- VI. Supportive Data**
- A. Section 381.004 Florida Statutes can be found at:
www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=381.004&URL=0300-0399/0381/Sections/0381.004.html
 - B. Chapter 64D-2.004, Florida Administrative Code can be found at:
[www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20\(HIV\)&ID=64D-2.004](http://www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20(HIV)&ID=64D-2.004)
 - C. The "HIV Counseling and Testing Forms Instruction Guide" can be found at:
www.floridahealth.gov/diseases-and-conditions/aids/prevention/_documents/Counseling_testing/forms-Guide.pdf
 - D. Minimum Standards for HIV Counselors, Trainers, and Early Intervention Consultants Technical Assistance (IOP 360-07) can be found at the SharePoint environment Central Library location.
 - E. The "National HIV/AIDS Strategy for the United States" can be found at:
www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf
 - F. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report; Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings; September 22, 2006 / 55(RR14);1-17 can be found at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
 - G. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report; Revised Guidelines for HIV Counseling, Testing, and Referral; November 9, 2001 / 50(RR19);1-58 can be found at:
www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm
 - H. Section 384 Florida Statutes can be found at:
www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0384/0384ContentsIndex.html
- VII. History Notes:** Replaces IOP 360-09-16; effective 09/01/2016

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VIII. Signature and Effective Date

Carina Blackmore, DVM, PhD, Dipl ACVPM
Director, Division of Disease Control and Health Protection

Date

IX. Appendices - None

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- I. **Purpose:** The Department's Minimum Standards for HIV Counselors, Trainers, and Early Intervention Consultants are critical to the training, implementation, and daily operation of HIV counseling and testing activities across the state of Florida. This procedure standardizes the process for training individuals to administer HIV testing, training those who train or teach individuals to administer HIV testing, and training and development of new Early Intervention Consultants.
- II. **Authority:** Section 381.004, Florida Statutes; Florida Administrative Code Rule 64D-2.
- III. **Scope:** All Department personnel, contracted staff, and volunteers.
- IV. **Definitions**
 - A. **Centers for Disease Control and Prevention (CDC):** The CDC is the leading national public health institute of the United States. The CDC is a United States federal agency under the Department of Health and Human Services, headquartered near Atlanta, Georgia.
 - B. **Community-based Providers:** Nonprofit groups that work at a local level to improve life for residents. The focus is to build equality across society in all streams—health care, environment, quality of education, access to technology, access to spaces, and information for the disabled, to name a few.
 - C. **Counselor:** A health professional responsible for providing essential HIV counseling and testing services to clients and families who may be at risk of infection or are affected by the disease. An HIV/AIDS counselor specializes in providing educational and medical information to help prevent the spread of HIV.
 - D. **County Health Department (CHD):** CHDs work to preserve, protect, and enhance the general health and environment of the community by providing leadership in public health policy, assuring access to quality health services and information, preventing disease, and enforcing health regulations.
 - E. **Department:** The Florida Department of Health.
 - F. **Early Intervention Consultant (EIC):** EICs are regional positions covering 15 jurisdictional areas across Florida. EICs ensure an effective HIV-testing training system exists in their area, participates in quality improvement and technical assistance activities, ensures an adequate distribution of test sites (confidential and anonymous) that target high-risk and priority populations, and evaluates area counseling and testing programs by requesting and reviewing HIV testing data on a regular basis.

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- G. **HIV:** The human immunodeficiency virus (HIV) is a lentivirus (a subgroup of retrovirus) that causes HIV infection and over time acquired immunodeficiency syndrome (AIDS).
 - H. **HIV/AIDS 500:** Basic HIV Counseling and Testing training course required for certification as an HIV counselor and tester in the state of Florida. Prerequisite to HIV/AIDS 501 course. Online or classroom, 4-hour requirement.
 - I. **HIV/AIDS 501:** Advanced HIV Counseling and Testing training course required for certification as an HIV counselor and tester in the state of Florida. Online or classroom, 4-hour requirement. Face to face practicum, 12-hour requirement.
 - J. **Linkage:** Linkage to care is the process of engaging newly diagnosed HIV-infected persons into HIV primary care.
 - K. **Partner Services (PS):** PS provides an array of free services to persons with HIV or other Sexually Transmitted Diseases (STDs) such as syphilis, gonorrhea, and chlamydial infection and their partners. PS is a function of local and state health department staff who help to identify and locate sex or drug-injection partners to inform them of their risk and to provide them testing, counseling, and referrals for other services.
 - L. **Role Plays:** To act out or perform the part of a person or character, for example as a technique in training.
 - M. **Trainer:** A State, County, or Department employee certified to train other individuals in the HIV/AIDS 500/501 Counseling, Testing and Linkage Course and/or other Department sponsored courses.
- V. **Procedures**
- A. **Administrative Functions and Responsibilities**
 - 1. CHD or contract provider staff must provide the opportunity for quality HIV counseling, testing, and, if appropriate, linkage or referral to care providers and PS.
 - 2. Every participant attending a Department sponsored course (for example, HIV/AIDS 500/501 Prevention Counseling, Testing and Linkage course) will receive current Department and CDC-approved information and the same core elements, as specified in the course materials, regardless of where the course was given or the instructor.

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3. Staff for whom HIV counseling, testing, and linkage is a primary area of responsibility will be given priority for training. Others will be scheduled for training as space is available.
4. Community-based providers registered with the Department that have a contract or memorandum of agreement to provide HIV counseling, testing, and linkage will not be charged for prerequisite or requisite training.
5. HIV counseling, testing, and linkage staff, as defined in the HIV/AIDS 500/501 manual, who successfully complete the HIV/AIDS 500/501 course and all pre- and post-requisites will receive a certificate of successful completion, as defined in the HIV/AIDS 501 manual. HIV/AIDS 501 trainers reserve the right to deny certificates to those staff who do not successfully complete prerequisite or requisite materials and activities.
6. The EIC will review all documentation of the participant's successful completion of requisite activities prior to issuing a final certificate.
7. HIV/AIDS 501 trainers will be monitored a minimum of one time annually by the EIC or designee using a standardized tool.
8. HIV/AIDS 501 course class rosters and participant evaluations will be maintained by the HIV/AIDS 501 trainer and made available to the EIC or designee upon request.

VI. Training

A. Training Individuals to Administer HIV Counseling and Testing

1. Training will be adequate, available, and locally coordinated depending on needs and resources. (HIV counseling, testing, and linkage training taken in other states is not transferable.)
2. The 8-hour HIV/AIDS 500/501 class is available online through TRAIN or through face to face classroom instruction. The 12-hour practicum is only provided through face to face classroom instruction. Total HIV/AIDS 500/501 online/classroom and practicum equals 20 hours.
3. The participant must have had the HIV/AIDS 500 prerequisite, or equivalent course, no longer than six months prior to registration for the HIV/AIDS 501 course.
4. The participant must successfully complete the prerequisite module prior to participation in the HIV/AIDS 501 course.

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5. The participant must complete the registration package, including the disclaimer form, and return to the trainer prior to the class.
 6. All staff who perform HIV counseling, testing, and linkage must successfully complete the HIV/AIDS 501 Prevention, Counseling, Testing and Linkage course as defined in the HIV/AIDS 501 course manual. CHD Directors/Administrators may choose to exempt licensed medical personnel from this requirement. This exemption is limited to: physicians (section 458 and 459, Florida Statutes), physician assistants (section 458.347, Florida Statutes), advanced registered nurse practitioners (section 464.015 (8), Florida Statutes) and dentists (section 466.003 (2), Florida Statutes). Exempted medical personnel using the Bureau of Public Health Laboratories should complete appropriate Department forms training.
 7. All counselors will observe a minimum of one pre-test counseling session, one HIV-negative post-test counseling session, and one HIV-positive post-test counseling session. Role plays are acceptable on a case-by-case basis for the one HIV-positive post-test counseling session.
 8. All counselors will perform a minimum of one pre-test counseling session, one HIV-negative post-test counseling session, and one HIV-positive post-test counseling session under the supervision of an experienced counselor having a minimum of one year's experience providing client centered HIV counseling, testing, and linkage services. Role plays are acceptable on a case-by-case basis.
 9. The participant must complete the entire training. In the event of an emergency, the instructor may make other course completion arrangements at his/her discretion. The participant must demonstrate skills learned through required course exercises.
 10. Post-training requisites should be completed within 60 days of class completion.
 11. Annual participation in the Department approved 501 update curricula, provided by a trainer, is required for recertification of all HIV counselors and testers. Recertification is required to continue HIV testing.
- B. Training of Trainers.** Department staff who provide instruction to CHD and contract provider HIV counselors regarding HIV pre-test, post-test, and PS methods will be held to the following minimum standards:

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1. Participants will have successfully completed the HIV/AIDS 501 course, as defined in the HIV/AIDS 501 manual, and all post-training requisites no less than six months prior to becoming an HIV/AIDS 501 trainer.
2. Participants will have a minimum of 40 hours of HIV counseling, testing, and linkage experience, including at least one actual HIV-positive post-test counseling session (role plays are not acceptable) within the past two years.
3. Participants will have observed a minimum of one STD staff member providing partner notification services in the field.
4. Participants will have the ability to teach, train, or speak in a public setting.
5. Participants will successfully complete the HIV/AIDS 501 Train-the-Trainer course.
6. Participants will co-teach a minimum of one HIV/AIDS 501 course with an EIC or designee.
7. Participants will conduct a minimum of one HIV/AIDS 501 course under the observation of an EIC or designee.

C. Training of EIC

1. The new EIC will co-teach a minimum of one HIV/AIDS Train-the-Trainer session with an experienced EIC.
2. The new EIC will work with a minimum of two experienced EICs and observe at least one HIV/AIDS Train-the-Trainer session.
3. The new EIC will successfully complete all of the components for HIV/AIDS counselors and HIV/AIDS 501 trainers within the first year of employment.

VII. Supportive Data and References

- A. Section 381.004, Florida Statutes:
www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&pp_mode=Display_Statute&Search_String=381.004&URL=0300-0399/0381/Sections/0381.004.html

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- B. Florida Administrative Code, Section 64D-2.004:
[www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20\(HIV\)&ID=64D-2.004](http://www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20(HIV)&ID=64D-2.004)
- C. HIV Counseling and Testing Forms Instruction Guide:
www.floridahealth.gov/diseases-and-conditions/aids/prevention/_documents/Counseling_testing/_documents/2016-forms-instruction-guide.pdf
- D. National HIV/AIDS Strategy for the United States, July 2010:
www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf
- E. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*; Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings; September 22, 2006/55(RR14);1-17:
www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
- F. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*; Revised Guidelines for HIV Counseling, Testing, and Referral; September 22, 2006/55(RR14);1-17:
www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
- G. Chapter 384, Florida Statutes:
www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0384/0384ContentsIndex.html

VIII. **History Notes:** Replaces IOP 360-07-17; effective date 11/01/2017.

IX. **Signature and Effective Date**

Carina Blackmore, DVM, PhD, Dipl ACVPM
Director, Division of Disease Control and Health Protection

Date

Effective: December 27, 2017



**State of Florida Department of Health
 CONSENT FORM
 CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST
 Non-Health Care Settings**

No person shall perform an HIV test in a non-healthcare setting without first obtaining the informed consent of the test subject or his or her legal representative. Written informed consent must be obtained as required by Rule 64D-2.004(3), of the Florida Administrative Code. Exceptions to obtaining informed consent can be found in Section 381.004(2)(h), Florida Statutes. This form may be used to document the test subject's informed consent or to satisfy the requirement that such consent be in writing. HIV test results and the fact that a person is tested are confidential and protected by law. Persons with knowledge of an individual's HIV test result have legal obligations to protect this information from unauthorized disclosure. Florida law imposes strict penalties for breaches of confidentiality.

HIV testing is a process that uses FDA-approved tests to detect the presence of HIV, the virus that causes AIDS and to see how HIV is affecting your body. One of several types of tests may be offered to you. The most common type of HIV test detects antibodies produced by the body after HIV infection. Test results are highly reliable, but a negative test does not guarantee that you are healthy. Generally, it can take up to three months for HIV antibodies to develop. This is called the "window period." During this time, you can test negative for HIV even though the virus is in your body and you can give it to others. A positive antibody HIV test means that you *are* infected with HIV and can also give it to others, even when you feel healthy. Other tests can detect the presence of virus in your blood, measure the amount of virus in your blood, measure the number of T-cells in your blood, or see if the virus is susceptible to HIV/AIDS medications. Some of these tests may require a second specimen to be obtained for further testing. Generally, test results will be available in about two weeks. If you consent by filling out and signing this form, a specimen will be taken and you will be tested.

If a rapid HIV test is used, results will be available the same day. If the rapid test detects HIV antibodies, it is very likely that you are infected with the virus, but this result will need to be confirmed. You will be asked to submit a second specimen for further testing. The results from this confirmatory test will be available to you in about two weeks.

If you test positive, the local health department will contact you to help with counseling, treatment, and other supportive services if you need and want them. You will be asked about sex and/or needle-sharing partners, and voluntary partner services (PS) will be offered to you. The HIV test result will become part of your confidential medical record. If you are pregnant, or become pregnant, the test results will become part of your baby's medical record.

Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent spread of the disease. If you are pregnant, there is treatment available to help prevent your baby from getting HIV. If you have any questions, please ask your counselor, physician, or call the Florida AIDS Hotline (1-800-FLA-AIDS or 1-800-352-2437) before signing this form.

CONSENT GIVEN	<i>Client must initial the consent statement and then sign below. The consent form must be dated and witnessed.</i>	
REQUIRED		
<input type="checkbox"/> YES <input type="checkbox"/> NO Initial Here	I have been informed about HIV testing and its benefits and limitations. I understand that some tests require a second specimen to be taken from me for further testing.	
_____	_____	_____
Date	Signature of Client or Legal Representative	Client's Printed Name
_____	_____	
Witness Signature	Legal Representative's Relationship to the Client (If Applicable)	

OPTIONAL	
<input type="checkbox"/> YES <input type="checkbox"/> NO Initial Here If Applicable	If I move out of the area or live somewhere else, I want my results forwarded to the appropriate public health care provider or the physician listed below so that I may be informed of my results and receive post-test counseling.

Preferred Physician or Facility and their Mailing Address	

Instructions:

1. Please ensure that clients read and understand the information provided on this consent form. If clients are unable to read or understand this information, the counselor should read it to them.
2. The client must initial each of two consent statements as appropriate and sign and date the bottom of the form.
3. If a legal representative of the client signs the consent form, their relationship to the client must be indicated on the appropriate line.
4. In accordance with state protocol, if the client wants their results forwarded, the STD Program Manager will handle this transaction.
5. All consent forms must have a witness signature. The counselor conducting the pre-test counseling can serve as the witness.



**State of Florida Department of Health
 CONSENT FORM
 ANONYMOUS HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST
 Non-Health Care Settings**

HIV testing is a process that uses FDA-approved tests to detect the presence of HIV, the virus that causes AIDS, and to see how HIV is affecting your body. The most common type of HIV test detects antibodies produced by the body after HIV infection. Test results are highly reliable but a negative test does not guarantee that you are healthy. Generally, it can take up to three months for HIV antibodies to develop. This is called the "window" period. During this time, you can test negative for HIV even though the virus is in your body and you can give it to others. A positive HIV test means that you *are* infected with HIV and can also give it to others even when you feel healthy.

If you consent by filling out and signing this form, a specimen will be taken and you will be tested. Generally, test results will be available in about two weeks.

If you test positive, you will be asked about sex and/or needle-sharing partners and voluntary partner counseling and referral services will be offered to you.

Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent spread of the disease. If you are pregnant, there is treatment available to help prevent your baby from getting HIV. If you have any questions, please ask your counselor, physician, or call the Florida AIDS Hotline (1-800-FLA-AIDS or 1-800-352-2437) before signing this form.

CONSENT GIVEN	<i>Client must indicate if they wish to be tested by checking "Yes" or "No"</i>
_____ YES _____ NO Check Here	I have been informed about HIV testing and its benefits and limitations. I understand that some tests require a second specimen to be taken from me for further testing. I consent to be tested.
_____ Date	
Place DH1628 Scan ID# here	
_____ Witness Signature	_____ Date

Instructions:

1. Please ensure that clients read and understand the information provided on this consent form. If clients are unable to read or understand this information, the counselor should read it to them.
2. After anonymous clients receive information about the HIV antibody test, they must indicate their consent by checking "yes" or "no", dating the form, and, for those who choose testing, placing the scan ID# on the form.
3. All consent forms must have a witness signature. The counselor conducting the pre-test counseling can serve as the witness.

DH1818, 04/2017

EXHIBIT D



Model Protocol for HIV Counseling and Testing in Non-Health Care Settings

"Non-health care setting" means any site that conducts HIV testing for the sole purpose of identifying HIV infection. These settings do not provide any type of medical treatment and include community-based organizations, outreach settings, county health department HIV testing programs, and mobile vans.

1. Pre-Test Counseling

All county health department HIV testing programs, community-based organizations, outreach settings, and mobile vans must provide HIV pre-test counseling prior to testing for HIV. Pre-test counseling should include the following:

- Purpose of the HIV test, including medical indications
- Possibility of false positive or false negative result
- Possible need for confirmatory testing
- Possible need for retesting
- Availability, benefits, and confidentiality of partner notification services
- Need to eliminate high-risk behavior

2. Informed Consent

No person shall perform an HIV test without first obtaining the informed consent of the test subject or his or her legal representative. The limited exceptions to obtaining informed consent can be found in Section 381.004(2)(h), Florida Statutes, and in Rule 64D-2.004(1), Florida Administrative Code. Written consent is required. When obtaining informed consent, explain that:

- HIV test results and the fact that a person is tested are confidential and protected by law. Persons with knowledge of an individual's HIV test result have legal obligations to protect this information from unauthorized disclosure. Florida law imposes strict penalties for breaches of confidentiality.
- Positive test results, along with identifying information, will be reported to the local county health department for surveillance and follow-up purposes.
- A list of anonymous test sites, including the locations, phone numbers, and hours of operation, is available at the local county health department or at www.floridaaids.org.

3. Post-test Counseling

All county health department HIV testing programs, community-based organizations, outreach settings, and mobile vans must provide face-to-face post-test counseling. The person ordering the test or that person's designee shall ensure that all reasonable efforts are made to notify the test subject of his or her test result. Post-test counseling should include the following:

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- The meaning of the test results
- The possible need for additional testing
- The need to eliminate risk behavior
- Post-test counseling for positive test results must also include information on the availability of medical and support services; on the importance of notifying partners who may have been exposed, including spouses from the past ten years of their potential exposure; and on preventing HIV transmission

4. Release of Preliminary HIV Test Results

Pursuant to Section 381.004(2)(d), Florida Statutes, positive preliminary test results may not be released to any persons except in the following circumstances:

- Results of rapid testing technologies are considered preliminary and may be released in accordance with the manufacturer's instructions as approved by the federal U.S. Food and Drug Administration
- Medical or non-medical personnel who have had a significant exposure
- Health care providers and to the person tested when decisions about medical care or treatment cannot await the results of confirmatory testing. Positive preliminary HIV test results shall not be characterized to the patient as a diagnosis of HIV infection. The health care provider who ordered the test must document justification for the use of preliminary test results in the test subject's medical record. Corroborating or confirmatory testing must be conducted as follow-up to a positive preliminary test. Results shall be communicated to the patient according to statute, regardless of outcome

5. Repeat Testing

All persons likely to be at high risk for HIV should be offered testing at least annually. The following criteria should be used to help the test subject determine his or her level of risk:

- Sexual behavior
- Substance use/abuse
- Needle sharing
- Occupational exposure
- Blood/blood products/transplants
- Partners at risk for HIV
- History of sexually transmitted disease(s)
- Child of woman with HIV/AIDS
- History of sexual assault/domestic violence
- Sex for drugs/money

Testing should also be based on local HIV prevalence. Men who have sex with men should be tested at least twice annually.