

Participation in screening activities is completely confidential. Only you, the testing counselor will know your result. Utah State Law requires that HIV and Hepatitis C be reported to the Utah Department of Health for statistical tracking. Utah State law also guarantees your privacy. If you do not want to participate in any of the tests offered by the testing counselor, you may opt out at any time by completing the opt-out section below.

**Assurance of Confidentiality Statement:**

The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control HIV/AIDS, Sexually Transmitted Diseases, and Hepatitis C. Information in CDC’s HIV/AIDS National HIV Prevention Program Monitoring and Evaluation (NHME) system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting NHME information, or any institution with which that health care provider is associated will be protected under Section 308(d) of the Public Health Service Act. This protection for the NHME information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).

**HIV Testing:** Rapid HIV tests are over 99% accurate after 3 months from the last exposure to HIV. This test detects HIV antibodies, not AIDS. A drop of blood will be collected from your finger, similar to a blood sugar test. Your test results will be available to you within 5 business days. If your test is positive, you will be offered confirmatory testing. You will also meet with a counselor to discuss options and services available to you.

**Hepatitis C Testing:** Rapid HCV tests are over 98% accurate after 3 months from the last exposure to HCV. This test detects HCV antibodies. A drop of blood will be collected from your finger, similar to a blood sugar test. Your results will be available to you within 5 business days. If your test is positive, you will be referred to an outside health care agency to receive confirmatory testing. You will also meet with a counselor to discuss options and services available to you.

**Gonorrhea & Chlamydia Testing:** Gonorrhea and chlamydia tests are over 99% accurate. This test will detect the bacteria in your urine. For this test, you will provide a urine sample. If your result is positive, you will receive free treatment by the medical staff. You will receive your results in about a week.

Opt-Out of Testing	
I DO NOT want to get tested for HIV at this time	Initials here
I DO NOT want to get tested for Hepatitis C at this time	Initials here
I DO NOT want to get tested for Gonorrhea & Chlamydia at this time	Initials here

**Demographic Information**

<b>Session Date</b>							
	M	M	D	D	Y	Y	Y
<b>Client Name</b>							
<b>Date of Birth</b>	M	M	D	D	Y	Y	Y
(enter 01/01/1800 if unknown)							
<b>Client ID</b>							
<b>Client Assigned Sex at Birth</b>							
<input type="checkbox"/> Male	<input type="checkbox"/> Female						<input type="checkbox"/> Declined

<b>Client Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Declined
<b>Client Race (check all that apply)</b>		
<input type="checkbox"/> American IN/AK Native	<input type="checkbox"/> White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Declined	
<input type="checkbox"/> Native HI/Pac. Islander		
<b>Client Current Gender Identity</b>		
<input type="checkbox"/> Male	<input type="checkbox"/> Transgender M2F	
<input type="checkbox"/> Female	<input type="checkbox"/> Transgender F2M	
<input type="checkbox"/> Declined	<input type="checkbox"/> Transgender unspecified	

Supplemental Questions	
Where did the client live before incarceration? <i>*List full address and phone number</i>	
How long has the client been incarcerated <b>this time</b> ?	
How many times has the client been incarcerated in their <b>lifetime</b> ?	
Where is the client planning on living upon release from facility? <i>*List full address and phone number</i>	
What is the client's current education level	
<input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Other (specify): _____	

Previous Hepatitis C Test?	
<input type="checkbox"/> Yes	If Yes, what is the client's Self Reported Result?
Date _____	
<input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked

Previous HIV Test?	
<input type="checkbox"/> Yes	If Yes, what is the client's Self Reported Result?
Date _____	
<input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked

Previous CT/GC Test?	
<input type="checkbox"/> Yes	If Yes, what is the client's Self Reported Result?
Date _____	
<input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked

Notes

**Lab Sheet**

**HIV & HCV Testing**

Sample Date																								
	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y
Counselor Name	HIV Test				HCV Test				CT/GC Test															
Test Election	<input type="checkbox"/> Test Not Done, Client Declined Test <input type="checkbox"/> Test Not Done, Client Previously Diagnosed <input type="checkbox"/> Confidential testing conducted				<input type="checkbox"/> Test Not Done, Client Declined Test <input type="checkbox"/> Test Not Done, Client Previously Diagnosed <input type="checkbox"/> Confidential testing conducted				<input type="checkbox"/> Test Not Done, Client Declined Test <input type="checkbox"/> Confidential Testing Conducted <input type="checkbox"/> Client Previously Diagnosed															
Test Result	<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid				<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid				<input type="checkbox"/> Positive/Reactive CT <input type="checkbox"/> Positive/Reactive GC <input type="checkbox"/> Negative <input type="checkbox"/> Invalid															
Result Provided	<input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ <input type="checkbox"/> No															
If Results NOT provided, why?	<input type="checkbox"/> Left Facility/Could not locate <input type="checkbox"/> Other				<input type="checkbox"/> Left Facility/Could not locate <input type="checkbox"/> Other				<input type="checkbox"/> Left Facility/Could not locate <input type="checkbox"/> Other															

**In the past 12 months has the client engaged in the following:**

	Male	Female	Transgender
Vaginal or anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without using a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person who is an injection drug user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person who is HIV +?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the client had sex with anonymous or unknown partners?			<input type="checkbox"/> Yes
<b>(MALE ONLY)</b> Is the client an MSM (man who has sex with other men)?			<input type="checkbox"/> Yes
<b>(FEMALE ONLY)</b> Has the client had vaginal or anal sex with an MSM?			<input type="checkbox"/> Yes
Has the client exchanged sex for drugs/money/or something they needed?			<input type="checkbox"/> Yes
Has the client had sex with person who exchanges sex for drugs/money?			<input type="checkbox"/> Yes
Has the client had sex while intoxicated and/or high on drugs?			<input type="checkbox"/> Yes
Has the client been previously diagnosed with an STD?			<input type="checkbox"/> Yes
Has the client had sex with a new partner?			<input type="checkbox"/> Yes
Has the client had sex with more than 1 partner?			<input type="checkbox"/> Yes
If yes, how many in the last year?	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> ≥20

**Has the client EVER engaged in the following:**

Has the client ever had sex while incarcerated?			<input type="checkbox"/> Yes
If yes, how often?	<input type="checkbox"/> Once or twice	<input type="checkbox"/> Several times	<input type="checkbox"/> Frequently
Has the client ever used injection drugs?			<input type="checkbox"/> Yes
If yes, did client ever share any drug injection equipment?			<input type="checkbox"/> Yes
If yes, did the client ever inject drugs while incarcerated?			<input type="checkbox"/> Yes
Has the client ever received a tattoo or piercing			<input type="checkbox"/> Yes
If yes, was the tattoo or piercing done with shared equipment (needles, ink, etc)?			<input type="checkbox"/> Yes
If yes, did the client receive the tattoo or piercing while incarcerated?			<input type="checkbox"/> Yes
Other Risk Factor: _____			<input type="checkbox"/> Yes

**Notes/Challenges:**

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