

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

“Non-healthcare 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
- For positives, availability of medical and support 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 s. 381.004 (3)(h), *F.S.* and in Rule 64D-2.004(3), *F.A.C.* 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](http://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:

- 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 s. 381.004(3)(d), *F.S.*, 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 nonmedical personnel who have had a significant exposure
- Healthcare 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 healthcare 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, and sex for drugs/money. Testing should also be based on local HIV prevalence. Men who have sex with men (MSM) should be tested at least twice annually.