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Model form for documenting offer of HIV Testing

(Optional Form; compliance with the required offer of an HIV test may be documented through proper annotation of the patient medical record)

Chapter 308 of laws of 2010 instructs the New York State Department of Health (DOH) to create standard model forms of obtaining consent for HIV testing. The Model below is for documenting the offer of HIV testing. It may be modified without department approval but must contain information consistent with the model form and must be written in a clear and coherent manner using words with everyday common meanings. Providers may also comply with the requirement for documenting the offer by proper notation in the patient's medical record.

Offer of HIV Testing

New York State Public Health Law requires that an offer of HIV related testing be made to all persons between the ages of 13-64 receiving hospital or primary care services except under specific circumstances. This includes inpatients, persons seeking services in emergency departments those receiving primary care on an outpatient basis at a clinic or from a physician, physician assistant, nurse practitioner or midwife.

HIV is the virus that causes AIDS and is passed from one person to another during unprotected sex (oral, anal or vaginal sex without a condom) with someone who has HIV. HIV is also passed through contact with blood as in sharing needles (Piercing, tattooing or injecting drugs of any kind) or sharing "works" with a person has HIV.

If your test result is negative, you can learn how to protect yourself from being infected in the future. If you are positive, you can take steps to prevent passing the virus to others, and you can receive treatment for HIV and learn about other ways to stay healthy

Yes, I would like to speak to someone about HIV testing
 No, I do not wish to have HIV test today

Patient Name _____ Date _____

Signature _____
(Patient or person authorized to consent)