

# Alabama Medicaid HIV Counseling

## HIV PRE-TEST COUNSELING

*Counselor's Initials Required Beside Each Item*

- \_\_\_\_\_ 1. Document that recipient was provided pre-test counseling. In order for recipients to give informed consent for HIV testing, pre-test counseling must include:
- An explanation regarding the nature of HIV infection and HIV-related illness;
  - An explanation of the modes of HIV transmission and HIV prevention measures;
  - An explanation of the HIV test, including a description of the procedure to be followed and the meaning of the test results;
  - An explanation of the benefits of taking the test, including the benefits of early diagnosis and medical intervention;
  - An explanation that the test is voluntary;
  - An explanation of confidential testing;
  - Information regarding the psychological and emotional consequences of receiving test result;
- \_\_\_\_\_ 2. Include signed Informed Consent (ADPH-CL-109/Rev. 10-12)
- \_\_\_\_\_ 3. If recipient declined testing, document reason.

### ADDITIONAL REQUIREMENTS—FOR PRE-TEST COUNSELING

\_\_\_\_\_ Record justification for additional pre-test counseling and/or testing if needed.

Signature of Counselor \_\_\_\_\_, Title \_\_\_\_\_ Date \_\_\_\_\_

## HIV POST-TEST COUNSELING

*Counselor's Initials Required Beside Each Item*

- \_\_\_\_\_ 1. Document HIV test result: \_\_\_\_\_
- \_\_\_\_\_ 2. Document that recipient was provided post-test counseling. Post-test counseling must include:
- An explanation of the test result;
  - Assistance in coping emotionally with the test result;
  - An explanation of the modes of HIV transmission and HIV transmission prevention measures;
  - An explanation regarding the need to notify contacts to prevent transmission of HIV infection; information regarding partner notification options.
  - Information regarding the importance of early medical evaluation and treatment;
  - Referral for medical and support services, including emotional support, and referrals for partner notification services. Referrals should be made to the extent that they are deemed necessary for the recipient.
- \_\_\_\_\_ 3. Document referrals to medical and other services, if needed.

### ADDITIONAL REQUIREMENTS—FOR POST-TEST COUNSELING

\_\_\_\_\_ Record justification for additional post-test counseling if needed.

Signature of Counselor \_\_\_\_\_, Title \_\_\_\_\_ Date \_\_\_\_\_