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 __________