

Linkage to Care, Partner Services, and Confidential Case Reporting for Positive Clients

Within 7 days of a confirmed HIV positive test result, the following must be submitted to the Linkage and Partner Services Coordinator:

Confidential Case Report

- Complete the confidential case report (for a copy of the form, please visit http://sfhiv.org/testing_coordinator_resources.php) and call Nyisha Underwood at 415-703-7280 to submit the case report verbally to her over the phone.

Within 30 days of a confirmed HIV positive test result, the following must be submitted to the Linkage and Partner Services Coordinator:

Follow-up with clients (as appropriate)

- Three follow-up attempts (Date and outcome)
- How was client contacted (via e-mail, phone, in person? contact)

Medical Linkage

- What was the date of the first medical visit?
- Where did the medical visit occur and /or name of doctor?
- Medical visit verified by (client self-report, database, provider confirmation)
- What materials were provided to the client? (provider list, pamphlets, DPH contact, agency contact)

Partner Services

- Did you discuss partner services and explain all disclosure options thoroughly?
- If client chooses to self-disclose: To how many partners did the client actually disclose?
- How many of the partners (that were self-disclosed) received an HIV test?
If partners of index patients test at your site, provide OAID number.
- What were the partners' HIV test results (negative, newly diagnosed, known positive)?
- How many partners were elicited?

If any partners were elicited, fill out a Partner Information Form (PIF 07/08 version) for each partner elicitation; call and fax Andrew Reynolds (415-487-5522 and 415-487-5581 respectively), and fax it to Nyisha Underwood (415- 934-4868) How many partners received a dual disclosure?

If any partners received a dual disclosure, fill out a Partner Information Form (PIF 07/08 version) for each dual disclosure and fax it to Nyisha Underwood (415- 934-4868).

Use the form on the following page to help you collect the above Linkage and Partner services data (optional).

Positive Client Worksheet

Site ID and Site Name: _____

Known Positive

Linkage Declined

Rapid (Purple) Test ID Number: _____

Conventional (Red) Test ID Number: _____

Original Test Date: ___/___/___

Confirmatory Test Disclosure Date: ___/___/___

Date of rescheduled attempt for missed appointments: ___/___/___

Outcome of attempt to reschedule appointment:

Unable to locate or contact client

Client declined to learn result

Client obtained HIV results elsewhere

Client rescheduled but did not return

Test Election:

Anonymous test

Confidential test

Follow up attempt #1: **Date:** ___/___/___

Method: **reached**

left voicemail

left email

sent letter

Follow up attempt #2: **Date:** ___/___/___

Method: **reached**

left voicemail

left email

sent letter

Follow up attempt #3: **Date:** ___/___/___

Method: **reached**

left voicemail

left email

sent letter

FINAL OUTCOME (circle one):

Reached

Unable to be Contacted

Notes: _____

Was there a conversation about partner services with the client when they were disclosed to?

Yes

No

How many partners did the client say they would disclose to?

In-person (self) _____

Dual _____

For each partner: (1) document if they were tested (2) document test results (3) if tested at site provide OAID# – put info in box below.

How many partners were elicited for 3rd party notification in total? _____

Was a medical visit verified by the client?

Yes

No

Was a medical visit verified by data?

Yes

No

Was a medical visit verified by a medical provider?

Yes

No

DATE OF MEDICAL VISIT: ___/___/___

Where did the client receive their medical care? _____

Please describe how many partners were notified overall, and any information about their status (i.e. how many tested for HIV? Of those who tested, how many tested negative/positive?)