TABLE 2. SUGGESTED QUESTIONS FOR DOMESTIC VIOLENCE (DV) SCREENING

- Have you ever been sexually assaulted?
- Are you in a relationship in which you have physically hurt or have felt threatened?
- Have you ever felt afraid of your partner?

Has this partner ever:
- Hurt, grabbed, slapped, choked, or locked you?
- Forced you to have sex or made you do things you didn’t want to do?
- Threatened to hurt you, your children, or someone else to you?
- Stalked, followed, or monitored you?
- Based on what you have told me, do you think telling your partner will have a worse negative effect on your physical health and safety, or that of your children, or someone close to you?

For the patient who might seek revenge on a partner for what she believes may have infected or hurt her:
- Have you ever been, or are you currently, concerned about learning your partner’s HIV status?

Laboratory Reporting Obligations

In parallel with provider reporting, laboratories are required to report positive HIV viral load tests, all positive HIV Western Blot (WB) antibody tests, detectable viral load tests, CD4+ lymphocyte count <350, and CD4/CD8 ratios >25.

RECORDS ON CD BY E-MAIL. Each New York City Health Information is published and you will receive a link to the issue in your e-mail.

REFERENCES

2. In June 2000, New York State (NYS) implemented the HIV Reporting and Partner Notification Law to better monitor the HIV epidemic. Resources for providers include the Health Alert Network, Citywide Immunization Registry, Medical Record Corps, Universal Reporting Form, and City Health Information: Continuing Medical Education. To register, visit www.ny.gov/med/health. (To register and view the information posted on NYC MEIS, you must have an e-mail address, Windows 2000 or XP, and Internet Explorer 5.5 or higher.)
### Contact Notification Assistance Program

The Contact Notification Assistance Program (CNAP) is a free, but under-utilized service provided by the NYC DOHMH. The program is available to HIV-positive individuals and to physicians who request assistance in notifying partners. CNAP will notify partners about potential HIV exposure at the request of the HIV-positive patient or healthcare provider (or representative, such as social worker or case manager). CNAP will never act as a caller for higher legal names or other identifying information. Individuals seeking assistance to notify a partner may identify themselves with a number or code name of their choice.

Other CNAP Services:
- Technical assistance to community-based medical and social service providers in discussing Partner Notification with their patients.
- Counseling to HIV-positive individuals on Partner Notification and related issues.
- Workshops to train HIV service providers to Partner Notification principles and practices.

Confidentiality

By NYS law, providers must maintain strict confidentiality with regard to Partner Notification. Information about an HIV-positive individual should never be shared. Information regarding each partner must always be separate from that of the infected person.

### Common Misconceptions About Partner Notification

<table>
<thead>
<tr>
<th>Misconception</th>
<th>Correct Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS law allows physicians to notify a spouse or NO.</td>
<td>NYS law does not allow physicians to notify a spouse or other identifying information.</td>
</tr>
<tr>
<td>NYC DOHMH destroys any such records after a maximum of 3 months. NO.</td>
<td>The agency destroys such records after a maximum of 3 months.</td>
</tr>
<tr>
<td>Providers should explain the following personal information to the individual tested. • When the CNAP assists in Partner Notification, providers should explain the purpose of Partner Notification and its importance, and discuss the potential for violence or other forms of abuse. Information about the original patient is never revealed to the partner. Physicians may notify ‘known’ partners without patient consent but must inform him/her of their intention before doing so. To notifying partners, providers must not refer to the original patient by name, gender, physical description, type of exposure, sites of exposure, or location.</td>
<td>Providers should explain the following personal information to the individual tested: • When the CNAP assists in Partner Notification, providers should explain the purpose of Partner Notification and its importance, and discuss the potential for violence or other forms of abuse. Information about the original patient is never revealed to the partner. Physicians may notify ‘known’ partners without patient consent but must inform him/her of their intention before doing so. To notifying partners, providers must not refer to the original patient by name, gender, physical description, type of exposure, sites of exposure, or location.</td>
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<td>The NYC DOHMH Contact Notification Assistance Program (CNAP) can provide information, support, and guidance to both patients and providers before, during, or after Partner Notification. Providers or patients can carry out any of the following options for Partner Notification, either independently or with CNAP assistance.</td>
<td>The NYC DOHMH Contact Notification Assistance Program (CNAP) can provide information, support, and guidance to both patients and providers before, during, or after Partner Notification. Providers or patients can carry out any of the following options for Partner Notification, either independently or with CNAP assistance.</td>
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<td>• Provider Referral - all three components or all components included in the database will be notified to the partner. Physicians may notify ‘known’ partners without patient consent but must inform him/her of their intention before doing so. To notifying partners, providers must not refer to the original patient by name, gender, physical description, type of exposure, sites of exposure, or location.</td>
<td>• Provider Referral - all three components or all components included in the database will be notified to the partner. Physicians may notify ‘known’ partners without patient consent but must inform him/her of their intention before doing so. To notifying partners, providers must not refer to the original patient by name, gender, physical description, type of exposure, sites of exposure, or location.</td>
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<td>• Contract Referral - the provider negotiates a time frame (usually 24 – 48 hours) for the patient to notify partners of their possible exposure to HIV and for referring them to appropriate services. Patients may need coaching on the best place, time, and reason to which to notify partners. However, such counseling can be dangerous, so encourage patients to know their HIV-positive partners to CNAP representatives directly from the provider. CNAP does not need to know the patient’s identity.</td>
<td>• Contract Referral - the provider negotiates a time frame (usually 24 – 48 hours) for the patient to notify partners of their possible exposure to HIV and for referring them to appropriate services. Patients may need coaching on the best place, time, and reason to which to notify partners. However, such counseling can be dangerous, so encourage patients to know their HIV-positive partners to CNAP representatives directly from the provider. CNAP does not need to know the patient’s identity.</td>
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### Specific Reporting Information

Health care providers must complete an HIV/AIDS Provider Report Form for the following provider-reportable HIV/AIDS conditions:

- All patients with a new HIV diagnosis defined as a newly positive HIV antibody test test
- HIV/AIDS defined as detectable HIV viral load or CD4+ lymphocyte count of 200-400/mL blood
- AIDS, using the Centers for Disease Control and Prevention 1993 AIDS Case Definition

The PRF includes requests for:
- Risk factor information regarding the case or index patient
- Location information about each and all notifying partners, including home address, phone number, and other identifying information.

### TABLE 2: PATIENT OPTIONS FOR PARTNER NOTIFICATION

<table>
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<tr>
<th>Option</th>
<th>Description</th>
</tr>
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<tbody>
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<td>Provider Referral</td>
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<td>The provider negotiates a time frame (usually 24 – 48 hours) for the patient to notify partners of their possible exposure to HIV and for referring them to appropriate services. Patients may need coaching on the best place, time, and reason to which to notify partners. However, such counseling can be dangerous, so encourage patients to know their HIV-positive partners to CNAP representatives directly from the provider. CNAP does not need to know the patient’s identity.</td>
</tr>
</tbody>
</table>

From a public health perspective, priority notifications include:

- Patients who are at risk of transmitting HIV to other partners, including new diagnoses of HIV infection, who present a risk for onward transmission.
- Patients with HIV infection who are in an ongoing sexual relationship, or are sharing IV drug paraphernalia.
- Patients who have been exposed to HIV while injecting drugs.
- Patients who are at risk of violence to the infected individual, or the infected individual’s loved ones.
Common Misconceptions About Partner Notification

Can patients choose physicians over the Partner Notification process?

NO. NYS law allows physicians to notify a spouse or partner information to the individual tested.

When providers refer patients to the CNAP Program at NYCDOHMH, are patients forced to divulge partner information?

The Partner Notification process is entirely voluntary.

Does the NYC Contact Notification Assistance Program (CNAP) ever ask a caller for his/her legal name or other identifying information?

NO. To the individual tested.

THE STEPS TO PARTNER NOTIFICATION

Pre-Test Counseling

Before testing for HIV status, health care providers should:

• Inform the patient about the importance of Partner Notification and the confidentiality of the information.
• Review the existence of, or potential for, domestic violence (DV) with the patient.
• Discuss the options of anonymous HIV testing.

Post-Test Counseling

If HIV test result is negative, providers should:

• Discuss anonymous HIV testing.
• Assess patient risk for domestic violence.
• Determine the necessity of Partner Notification.

If HIV test result is positive, providers should:

• Determine the existence of domestic violence risk.
• Consent to HIV counseling.
• Determine patient confidentiality.
• Perform Pre-Test counseling with the patient.
• Provide Pre-Test counseling to the individual tested.

Other CNAP Services:

• Technical assistance to community-based medical and social service providers in discussing Partner Notification with their patients.

Confidentiality

By NYS law, providers must maintain strict confidentiality with regard to Partner Notification Information about an HIV-positive individual should never be shared. Information regarding each partner must always be separate from the infected person.

Contact Notification Assistance Program

The Contact Notification Assistance Program (CNAP) is a free, but under-utilized service provided by the NYC DOHMH. The program is available to HIV-positive individuals and to providers who request assistance in notifying partners. CNAP will notify partners about potential HIV exposure at the request of the HIV-positive patient or his/her medical provider (or representative, such as social worker or case manager). Communication of CNAP will never ask a caller for his/her legal name or other identifying information. Individuals seeking assistance to notify a partner may identify themselves with a number or code name of their choice.

Specific Reporting Information

Health care providers must complete an HIV/AIDS Provider Report Form for the following provider-reportable HIV/AIDS conditions:

• All patients with a newly positive HIV antibody test
• HIV/AIDS
• Risk factor information regarding the case or cases involved

From a public health perspective, priority notifications include:

• All pregnant women, who should be offered HIV counseling and testing according to NYS DOH regulations.
• Providers should:

  • Inform HIV-infected patients of the options for notifying partners of their possible exposure to HIV.
  • Self (Patient) Referral
  • Assure patients that the CNAP Program is confidential.
  • Reference literature on domestic violence.
  • Recommend to patients the CNAP Program.
  • Provide referral to a Domestic Violence service provider.
  • Select appropriate service provider.
  • Provide Pre-Test counseling to the individual tested.
  • Complete HIV/AIDS Provider Report Form and call the NYC DOHMH license to collect it.

Other CNAP Services:

• Technical assistance to community-based medical and social service providers in discussing Partner Notification with their patients.

Confidentiality

By NYS law, providers must maintain strict confidentiality with regard to Partner Notification Information about an HIV-positive individual should never be shared. Information regarding each partner must always be separate from the infected person.
Common Misconceptions About Partner Notification

Can patients sue physicians over the Partner of an HIV-infected individual with or without his/her consent, but only after informing the patient that notification is imminent. All other health care providers must have the patient’s consent before proceeding with notification, including CNAP counselors.

When providers refer patients to the CNAP Program at NYC DOHMH, are patients free to disavow partner information?

No. The Partner Notification process is entirely voluntary.

Notification process is entirely voluntary.

TABLE 1. PATIENT OPTIONS FOR PARTNER NOTIFICATION

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Pre-Test Counseling</td>
<td>Explain the purpose of Partner Notification and its importance, emphasizing confidentiality of the practice.</td>
</tr>
<tr>
<td>Post-Test Counseling</td>
<td>Post-Test counseling should be conducted with the patient in a confidential setting.</td>
</tr>
</tbody>
</table>

Specific Reporting Information

Health care providers must complete an HIV/AIDS Provider Report Form for the following provider-reportable HIV/AIDS conditions:

- All patients with a new HIV diagnosis defined as a newly positive HIV antibody test
- HIV RNA defined as detectable HIV viral load or CD4 lymphocyte count of 200-499/mL, level 2
- AIDS, using the Centers for Disease Control and Prevention 1993 AIDS Case Definition

The PRF includes requests for:

- Risk factor information regarding the case or source partner
- Contact information about one or more partners who are at risk
- Information about one or more partners who transmitted HIV
- Date of initial notification
- Date of last contact
- Whether patient is waiting for more information
- Whether patient refused notification
- Date of last contact

From a public health perspective, priority notifications include:

- All pregnant women, who should be offered HIV counseling and testing according to NYS DOH regulations.
- Persons not reported by providers in the last 6 months, who have been identified as at risk for HIV transmission.
- Persons who have a documented risk factor for HIV transmission.
- Persons with an unknown risk factor for HIV transmission.

Sample forms and instructions are available at the NYC DOHMH website.
**TABLE 2. SUGGESTED QUESTIONS FOR DOMESTIC VIOLENCE (DV) SCREENING**

<table>
<thead>
<tr>
<th>Question</th>
<th>Example Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you ever so afraid that you have to change what you do?</td>
<td>Yes, I do.</td>
</tr>
<tr>
<td>Are you ever afraid your partner will hurt you?</td>
<td>Yes.</td>
</tr>
<tr>
<td>Have you ever been physically hurt or threatened by your partner?</td>
<td>Yes.</td>
</tr>
<tr>
<td>Have you ever been threatened with violence by your partner?</td>
<td>Yes.</td>
</tr>
<tr>
<td>Have you ever felt afraid of your partner?</td>
<td>Yes.</td>
</tr>
<tr>
<td>Has your partner ever forced you to have sex or made you do sexual things you didn’t want to do?</td>
<td>Yes.</td>
</tr>
<tr>
<td>Has your partner ever threatened to hurt you, your children, or someone close to you?</td>
<td>Yes.</td>
</tr>
<tr>
<td>Has your partner ever threatened to harm you, your children, or someone close to you that you care about?</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

**RESOURCES**

- **Health Care Provider Responsibilities Regarding HIV Reporting and Partner Notification:** A Question and Answer Sheet. Available at: www.health.state.ny.us/nysdoh/hivaids/hivpartner/provresp.htm
- **For more on the HIV Reporting and Partner Notification Law:** Go to www.nyc.gov/html/doh/MEP.htm
- **Providers may request HIV/AIDS Provider Report Forms by calling the NYC DOHMH HIV Epidemiology Program (HEP) at (212) 442-3443
- **Contact CCMH, Monday-Friday between 9 a.m. and 5 p.m. by calling (212) 693-1419 or calling 311, or visit:** www.nyc.gov/html/doh/html/std/health/index.htm
- **For the patient who might seek revenge on a partner he/she believes may have infected him/her:**
  - Have you ever threatened to hurt someone else because of what they did? Yes. I have.
  - Have you ever felt threatened by someone else? Yes, I have.

**Laboratory Reporting Obligations**

In parallel with provider reporting, laboratories are required to report positive HIV-related tests, including all initial positive HIV Western Blot (WB) antibody tests, detectable viral load tests, CD4+ lymphocyte counts <500, and CDC stage III CD4+ counts <200.

**RECEIVE CHI BY E-MAIL:**

Each time City Health Information is published you will receive a link to the issue to your e-mail. To subscribe, visit www.nyc.gov/html/hiv/pdf/email.htm.

**REFERENCES**


**HIV/AIDS REPORTING AND PARTNER NOTIFICATION**

All HIV/AIDS Provider Report Forms are collected at the provider site by New York City Department of Health, Bureau of Disease Prevention and Infectious Diseases.

**Q**

Are you at least 18 years old? Yes. I am.

**A**

This issue of City Health Information contains a CME/CNE activity. You must answer all questions accurately to receive continuing education credit. Please write clearly.

**Resources**

- **CME/CNE Activity Inside and Online**
- **Vol. 23 No. 7 CITY HEALTH INFORMATION 37**
- **September 2004**

**PROVIDERS—Register for NYC MED now!** NYC MED is the one-stop portal for providers to access all New York City Department of Health and Mental Hygiene online applications. These applications include the Health Alert Network, Citywide Immunization Registry, Medical Record Corps, Universal Reporting Form, and City Health Information: Continuing Medical Education. To register, visit www.nyc.gov/private/health. To register and view the information posted on NYC MED, you must have an e-mail address, Windows 2000 or XP, and Internet Explorer 5.5 or higher.

**City Health Information**

The New York City Department of Health and Mental Hygiene – Vol. 23/No. 9-10

**For more on the HIV Reporting and Partner Notification Law:** Go to www.nyc.gov/html/doh/MEP.htm

**For the patient who might seek revenge on a partner he/she believes may have infected him/her:**

- Have you ever threatened to hurt someone else because of what they did? Yes, I have.
- Have you ever felt threatened by someone else? Yes, I have.

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TABLE 2. SUGGESTED QUESTIONS FOR DOMESTIC VIOLENCE (DV) SCREENING

- Do you ever feel unsafe at home?
- Are you in a relationship in which you have been physically hurt or have felt threatened?
- Have you ever felt afraid of your partner?
- Have you ever felt threatened by your partner?
- Are you in a relationship in which you have been physically hurt or have felt threatened?
- Have you ever felt afraid of your partner?

For the patient who might seek revenge on a partner for the beliefs she may have infected him or her:
- Have you ever been in a relationship in which your partner struck you?
- Have you ever been in a relationship in which your partner made you feel small or insignificant?

Lab Work:

- Provider bedside testing
- Provider outpatient testing
- Provider behavioral counseling
- Provider self-testing

RESOURCES

- For more information on the HIV Reporting and Partnership Notification law, visit: www.health.state.ny.us/nysdoh/hivaids/hivpartner/provresp.htm
- Providers may request HIV/AIDS Partner Notification forms by calling the NYC DOHMH HIV Epidemiology Program (HEP) at 212-608-4072.
- Contact CHW, Monday-Friday between 9 am and 5 pm by calling 212-360-6489 or calling 311, or visit: www.nyc.gov/html/doh/pdf/dires/dires-2004-report-qtr1.pdf
- Information about domestic violence is available at NYC Domestic Violence Helpline at 1-800-621-4673 (24 hours) or visit: www.safehorizon.org

Laboratory Reporting Obligations

In parallel with provider reporting, laboratories are required to report positive HIV-related tests, including all initial positive HIV Western Blot (WB) antibody tests, detectable viral load tests, CD4+ lymphocyte counts <500, and CD4/CD8 ratios >29.

PROVIDERS—For NYC MED and NMD, NYC MED is the one-stop portal for providers to access all New York City Department of Health and Mental Hygiene online applications. These applications include the Health Alert Network, Citywide Immunization Registry, Medical Record Corps, Universal Reporting Form, and City Health Information: Community Medical Educators. To register, visit www.nyc.gov-healthinfo. To register and view the information posted on NYC MED, you must have an email address, Windows 2000 or XP, and Internet Explorer 5.5 or higher.

November 2004 The New York City Department of Health and Mental Hygiene — Vol. 237:29-34

HIV/AIDS REPORTING AND PARTNER NOTIFICATION

No 4-people living with the human immunodeficiency virus (HIV) in New York City do not know they are infected.3 To contain the spread of the virus and enable early care, it is critical for providers to routinely test for HIV and identify HIV-positive persons and their sexual and needle-sharing contacts.

In June 2000, New York State (NYS) implemented the HIV Reporting and Partner Notification Law to better monitor the HIV epidemic.4 The law mandates that physicians and laboratories report by name all persons newly diagnosed with the HIV infection, HIV-related illness, and AIDS.

Providing Partner Notification

For each patient with a new diagnosis of HIV, providers are required to complete an HIV/AIDS Provider Report Form, including a copy of the completed form. The law also requires health care providers to discuss and document conversations with their patients about partner counseling and referral services and domestic violence (DV) issues.

Partner Notification Delays New Infections and Is Currently Underutilized

In 2003, NYC providers submitted 5,213 PRFs, of these, 75% did not for a single partner. Partners are defined in spouses, sex partners, and needle-sharing contacts.

Partner Notification is an important intervention that can help curb the spread of HIV/AIDS by detecting new infections early.2 ** Notification should begin with each HIV diagnosis and continue throughout an infected person’s life. A delicate process that requires both sensitivity and persis- tenience, Partner Notification aims to alert sex and needle-sharing partners of HIV-positive individu- als about possible exposure to the virus, providing the opportunity for at-risk partners to receive information, testing for HIV, and treatment for HIV/AIDS.

Explaining Partner Notification

Providers should tell patients that there are several options for Partner Notification (Table 1) and that the process helps at-risk partners:
- Become aware of their possible exposure to HIV
- Learn of their access to free confidential or anonym- ous HIV testing
- Access the latest HIV/AIDS treatment if they are infected
- Receive prevention information to help stop the spread of HIV/AIDS
- Provide appropriate referrals and other supportive services to at-risk partners

All HIV/AIDS Provider Report Forms are collected at the provider site by New York City DOHMH. Completed forms are to be returned to the NYC DOHMH HIV Epidemiology Program.

Providers should tell patients that there are several options for Partner Notification (Table 1) and that the process helps at-risk partners:
- Become aware of their possible exposure to HIV
- Learn of their access to free confidential or anonym- ous HIV testing
- Access the latest HIV/AIDS treatment if they are infected
- Receive prevention information to help stop the spread of HIV/AIDS
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HIV/AIDS Reporting and Partner Notification

November 2004 Vol. 23(7):29–34

TABLE 2. SUGGESTED QUESTIONS FOR DOMESTIC VIOLENCE (DV) SCREENING

- Do you ever feel unsafe at home?
- Have you ever been, or are you currently, concerned about harming your partner?
- Have you ever been, or are you currently, concerned about injuring your child?
- Have you ever been, or are you currently, concerned about injuring another family member?
- Have you ever been, or are you currently, concerned about injuring yourself?
- Have you ever been, or are you currently, concerned about being injured by your partner?
- Have you ever been, or are you currently, concerned about being injured by another family member?
- Have you ever been, or are you currently, concerned about being injured by yourself?

- Have you ever been, or are you currently, concerned about injuring your partner and not being injured by your partner?
- Have you ever been, or are you currently, concerned about injuring your child and not being injured by your partner?
- Have you ever been, or are you currently, concerned about injuring another family member and not being injured by your partner?
- Have you ever been, or are you currently, concerned about injuring yourself and not being injured by your partner?
- Have you ever been, or are you currently, concerned about being injured by your partner and not injuring yourself?
- Have you ever been, or are you currently, concerned about being injured by another family member and not injuring yourself?
- Have you ever been, or are you currently, concerned about being injured by yourself and not being injured by your partner?

- Have you ever been, or are you currently, concerned about injuring your partner and being injured by your partner?
- Have you ever been, or are you currently, concerned about injuring your child and being injured by your partner?
- Have you ever been, or are you currently, concerned about injuring another family member and being injured by your partner?
- Have you ever been, or are you currently, concerned about injuring yourself and being injured by your partner?
- Have you ever been, or are you currently, concerned about being injured by your partner and injuring yourself?
- Have you ever been, or are you currently, concerned about being injured by another family member and injuring yourself?
- Have you ever been, or are you currently, concerned about being injured by yourself and being injured by your partner?

- Have you ever been, or are you currently, concerned about injuring your partner and injuring another family member?
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- Have you ever been, or are you currently, concerned about injuring your child and injuring yourself?
- Have you ever been, or are you currently, concerned about injuring another family member and injuring yourself?
- Have you ever been, or are you currently, concerned about injuring yourself and injuring another family member?
- Have you ever been, or are you currently, concerned about being injured by your partner and injuring yourself?
- Have you ever been, or are you currently, concerned about being injured by another family member and injuring yourself?
- Have you ever been, or are you currently, concerned about being injured by yourself and injuring yourself?
Common Misconceptions About Partner Notification

Can patients sue physicians over the Partner Notification process?

No.

NYS law allows physicians to notify a spouse or partner of an HIV-infected individual with or without her or his consent, but only after informing the patient that health care providers must have the patient’s consent before proceeding with notification, including CNAP counselors.

When providers refer information to the Partner Notification process?

The Partner Notification process is entirely voluntary.

The agency destroys data and never asks a caller for his/her legal name or other identifying information. Individuals seeking assistance to notify a partner may identify themselves with a number or code name of their choice.

The STEPS TO PARTNER NOTIFICATION

Pre-Test Counseling

Before testing for HIV status, health care providers should:

- Emphasize the importance of Partner Notification in curbing the spread of HIV/AIDS
- Discuss each partner who needs to be identified
- Determine and review a Partner Notification strategy for each known/named partner. Strategies should be tailored to each partner notified (see Table 1)
- Complete DV screening and discuss the potential for DV for each partner who needs to be notified (see Table 1)
- Complete the HIV/AIDS Provider Report Form and submit all required information for the following provider-reportable HIV-related conditions:
  - HIV diagnosis
  - Other HIV-related conditions
  - Risk factor information regarding the case or index patient

Table 1: Patient Options for Partner Notification

<table>
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<tr>
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| Pre-Test Counseling           | Health care providers should:
|                               | - Emphasize the importance of Partner Notification in curbing the spread of HIV/AIDS
|                               | - Discuss each partner who needs to be identified
|                               | - Determine and review a Partner Notification strategy for each known/named partner. Strategies should be tailored to each partner notified (see Table 1)
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|                               | - Complete the HIV/AIDS Provider Report Form and submit all required information for the following provider-reportable HIV-related conditions:
|                               |   - HIV diagnosis
|                               |   - Other HIV-related conditions
|                               |   - Risk factor information regarding the case or index patient |

Post-Test Counseling

On learning of a positive test result, providers should:

- Explain Partner Notification options and the need to protect the patient and other partners from HIV infection
- Discuss each identified partner who needs to be notified
- Complete DV screening and discuss the potential for DV for each partner who needs to be notified
- Complete the HIV/AIDS Provider Report Form and submit all required information for the following provider-reportable HIV-related conditions:
  - HIV diagnosis
  - Other HIV-related conditions
  - Risk factor information regarding the case or index patient

Confidentiality

- Partners of HIV-infected individuals who are in an ongoing sexual relationship, or are sharing IV drug use, providers should:
  - Inform the patient about HIV reporting
  - With the consent of the HIV-infected patient, the provider takes responsibility for conferring with the patient’s partner
  - Determine and review a Partner Notification strategy for each known/named partner. Strategies should be tailored to each partner notified (see Table 1)
  - Complete DV screening and discuss the potential for DV for each partner who needs to be notified (see Table 1)
  - Complete the HIV/AIDS Provider Report Form and submit all required information for the following provider-reportable HIV-related conditions:
    - HIV diagnosis
    - Other HIV-related conditions
    - Risk factor information regarding the case or index patient

Provider Referral

- Explore the existence of, or potential for, domestic violence (DV) as a result of notification
- Discuss each partner who needs to be identified
- Determine and review a Partner Notification strategy for each known/named partner. Strategies should be tailored to each partner notified (see Table 1)
- Complete DV screening and discuss the potential for DV for each partner who needs to be notified (see Table 1)
- Complete the HIV/AIDS Provider Report Form and submit all required information for the following provider-reportable HIV-related conditions:
  - HIV diagnosis
  - Other HIV-related conditions
  - Risk factor information regarding the case or index patient

Self (Patient) Referral

- The HIV-infected individual takes responsibility for informing partners of their possible exposure to HIV and for referring them to appropriate services. Patients may need coaching on the best place, time, and way to do this, and may want a friend or health care provider to accompany them. Patients may be protected from some of the risks of such notification by a written request for confidentiality. If the patient is unable to achieve notification within the allotted time period, providers may then notify partner(s) directly, or ask CNAP to do so.