HIV TESTING AND TREATMENT HISTORY

Date patient reported info: _____/_____/_____

Information from: ☐ Patient interview ☐ Review of medical record ☐ Provider report ☐ PEMS ☐ Other

FIRST POSITIVE HIV TEST

Ever had a previous positive test? ☐ Yes ☐ No ☐ Unknown

Ever had a negative HIV test? ☐ Yes ☐ No ☐ Unknown

Date of first positive test: _____/_____/_____

HISTORY OF HIV-RELATED MEDICATIONS

(check all that apply)

Ever taken any antiretroviral medications (ARVs)? ☐ Yes ☐ No ☐ Unknown

Reason

☐ HIV treatment
☐ PreP
☐ PEP
☐ Pregnancy
☐ Hep B treatment
☐ PCP Prophylaxis
☐ Other

Name(s) of medication(s)

Date began

Date of last use

Drug Use

Methamphetamine use? ☐ Yes ☐ Injection ☐ Non-injection, specify: ☐ No ☐ Unknown

Treatment/Services Referrals

Yes No Unk N/A

Has this patient been informed of his/her HIV infection? ☐ Yes ☐ No ☐ Unknown

This patient is receiving/has been referred for:

• HIV related medical service
• HIV Social Service Case Management
• Substance abuse treatment services

For Women

Is patient currently pregnant? ☐ Yes ☐ Expected delivery date: _____/_____/_____. ☐ No ☐ Unknown

For Health Department Use Only

Stateno:

Date received: _____/_____/_____.

Case report completed/verified by:

☐ Complete ☐ Incomplete ☐ OOS

RVCT Number:

Return completed form to:

SNOHOMISH HEALTH DISTRICT
3020 Rucker Avenue, Ste. 202
Everett, WA 98201
425.339.5261 or FAX 425.339.8707
www.snohd.org/Providers/Disease-Reporting

Footnotes

1 Patient identifier information is not sent to CDC.

2 Outpatient dx: ambulatory diagnosis in a physician’s office, clinic, group practice, etc.

3 Inpatient dx: diagnosed during a hospital admission of at least one night.

4 After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis.

5 If case progresses to AIDS, please notify health department.

6 Opportunistic illnesses include: Candidiasis, bronchi, trachea, or lungs; Candidiasis, esophageal; Cervical cancer, invasive; Coccidioidomycosis, disseminated or extrapulmonary; Cryptococcus, extrapulmonary; Cryptosporidiosis, chronic intestinal; Cytomegalovirus disease (other than liver, spleen, or nodes); Cytomegalovirus retinitis (with loss of vision); HIV encephalopathy; Herpes simplex: chronic ulcers; or bronchitis, pneumonitis, or esophagitis; Histoplasmosis, diss. or extrapulmonary; Isosporiasis, chronic intestinal; Kaposi’s sarcoma; Lymphoma, Burkitt’s (or equivalent); Lymphoma, primary in brain; Mycobacterium avium complex or M. kansasii, diss. or extrapulmonary; M. tuberculosis, pulmonary; M. tuberculosis, diss. or extrapulmonary; Mycobacterium of other or unidentified species, diss. or extrapulmonary; Pneumocystis pneumonia; Pneumonia, recurrent; Progressive multifocal leukoencephalopathy; Salmonella septicemia, recurrent; Toxoplasmosis of brain; Wasting syndrome due to HIV.

Washington State Reporting Requirements

AIDS and HIV infection are reportable to local health authorities in Washington in accordance with WAC 246-101. HIV/AIDS cases are reportable within 3 working days and reporting does not require patient consent.

Assurances of Confidentiality and Exchange of Medical Information

• Several Washington State laws pertain to HIV/AIDS reporting requirements. These include: Maintain individual case reports for AIDS and HIV as confidential records (WAC 246-101-120,520,635); protect patient identifying information, meet published standards for security and confidentiality if retaining names of those with asymptomatic HIV, (WAC 246-101-230,520,635); investigate potential breaches of confidentiality of HIV/AIDS identifying information (WAC 246-101-520) and not disclose HIV/AIDS identifying information (WAC 246-101-120,230,520,635 and RCW 70.24.105).

• Health care providers and employees of a health care facilities or medical laboratories may exchange HIV/AIDS information in order to provide health care services to the patient and release identifying information to public health staff responsible for protecting the public through control of disease (WAC 246-101-120, 230 and 515; and RCW 70.24.105).

• Anyone who violates Washington State confidentiality laws may be fined a maximum of $10,000 or actual damages; whichever is greater (RCW 70.24.080-084).

For Partner Notification Information

• Washington state law requires local health officers and health care providers to provide partner notification assistance to persons with HIV infection (WAC 246-100-209) and establishes rules for providing such assistance (WAC 246-100-072).

• For assistance in notifying spouses, sex partners or needle-sharing partners of persons with HIV/AIDS, please call Infectious Disease Prevention Section Field Services, DOH, at (360) 236-3482 or (360) 236-3484, or your local health department. In King County, please call Public Health Seattle & King County, at (206) 263-2410.

Comments: