

HIV Counseling and Testing Chart Documentation

These forms are required to be included in each client's chart to document counseling and testing sessions. (Hospital Emergency Departments: The following will be included in client files for those who test positive only. For those clients who test negative, only the HIV Testing Form and the referral form (if necessary) will be kept.

1. Client Testing Logbook

- PMO should request this logbook before client files are reviewed to get an overall idea on the testing activity.
- This log also indicates individual client testing as well as result, NAP information and disposition.

2. HIV Client Record Checklist

- This form must be included in each chart.
- This form will be used by PMOs, and should be used by coordinators, as a checklist to ensure the proper paperwork is included in each client chart

3. HIV Reporting Form

- A copy of this form should be documented in each client file. (If the client tests positive, Parts 1, 2, and 3 must be completed and the yellow copy kept in the file.)

4. Signed HIV Antibody Test Consent Form or appropriate General Consent Form

- A copy of Rapid Testing Consent Form attached.

5. HIV Testing Progress Notes; Notes must include a detailed description of the following:

- Reason for client's visit
- Client's knowledge of HIV (what needed to be clarified)
- Client's identified risks
- Risk reduction discussion
- Testing discussion
- Discussion of referral recommendations
- Discussion of contact elicitation (for positives) including:
 - # of partners
 - # of contacts elicited
 - how contacts will be notified of exposure
 - NAP referral
 - Client brings partner in to CTS
 - What happens if partner does not show
 - What are the plans for follow-up

DAP Notes (testing with Respect)

- Replaces the current Observation/DAP Notes.
- These notes must include counseling, testing and referral as well as RESPECT session information which must be documented in the following format:

Data

- Nature of the session/Reason for client's visit
- Focus of the session (to include specific topics from RESPECT script)
 - *Information about client's risk history (Risk Assessment)*
 - *Client's most recent risk activity*
 - *Previous experience with Risk Reduction efforts*
 - *The Risk Reduction step negotiated between client and counselor*
 - *Discussion of HIV Testing*
 - *Discussion of Rapid HIV Result*
- Client's knowledge of HIV (what needed to be clarified)
- Discussion of referral recommendations
- Discussion of contact elicitation (for positives) including:
 - # of partners
 - # of contacts elicited
 - how contacts will be notified of exposure
 - NAP referral
 - Client brings partner in to CTS
 1. What happens if partner does not show
 2. What are the plans for follow-up

Assessment

- Counselor's impression as to how the session went
- Assessment of client's situation
- Client's Stage of change for the subjects discussed
- Counselor's perception of client's understanding of information
- Counselor's assessment of client's readiness to accept results
- Client's sense of self-risk (perception of risk)
- Discussion of referral recommendations

Plan

- Client's plan on how to identify triggers and use their risk reduction skills
- Identify client's needs and make appropriate referrals with verification that they will attend (verbal contract with client)
- If test is positive, identify/verify contacts elicited for NAP referrals
- Plan of Action (will be required if client is waiting for confirmatory results or getting a second rapid test at another site)
- Strategies in which Counselor plans to use to move client from current stage to next stage (optional for CTR, only necessary if counselor has scheduled a follow-up session)
- What will client do between now and next session?

Emergency Departments only: Observation Notes; Notes must include a detailed description of the following:

- ✓ Client's knowledge of HIV (what needed to be clarified)
- ✓ Client's identified risks
- ✓ Risk reduction discussion
- ✓ Testing discussion
- ✓ Client's reaction/demeanor
- ✓ Discussion of referral recommendations

- ✓ Referral Information
- ✓ Discussion of contact elicitation (for positives) including:
 - # of partners
 - # of contacts elicited
 - how contacts will be notified of exposure
 - NAP referral
 - Client brings partner in to CTS
 - What happens if partner does not show
 - What are the plans for follow-up

6. Copy of Test Result Form

7. Copy of Confirmed Laboratory Result

8. Copy of Completed Referral Form

- Referral Form must document the following required information:
 - Client's name and demographics
 - Referral agency with contact name and phone number
 - Services for which client will receive and date of service delivery
 - Referring Counselor's signature and date of referral
 - Verification of client's attendance

9. Copy of Records Release Form (if applicable)

10. Copy of Incentive Receipt (if applicable)

11. NAP Referral Form (if applicable)

HIV CLIENT RECORD CHECKLIST

Client files must include the following:

1. HIV Reporting Form
2. Signed HIV Antibody Test Consent Form/General Consent Form
3. **Observation Notes (testing without Respect); Notes must include a detailed description of the following:**
 - Reason for client's visit
 - Client's knowledge of HIV (what needed to be clarified)
 - Client's identified risks
 - Risk reduction discussion
 - Testing discussion
 - Discussion of referral recommendations
 - Discussion of contact elicitation (for positives) including:
 - # of partners
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 - how contacts will be notified of exposure
 - NAP referral
 - Client brings partner in to CTS
 - What happens if partner does not show
 - What are the plans for follow-up
4. Copy of Test Result Form
5. Copy of Confirmed Laboratory Result (if applicable)
6. Copy of Completed Referral Form
7. Copy of Records Release Form (if applicable)
8. Copy of Incentive Receipt (if applicable)

Include this form in each client file

HIV CLIENT RECORD CHECKLIST (Hospital ED and ER)

Client files must include the following:

1. HIV Reporting Form
2. Signed HIV Antibody Test Consent Form/General Consent Form
3. **Observation Notes (testing without Respect); Notes must include a detailed description of the following:**
 - ✓ Client's knowledge of HIV (what needed to be clarified)
 - ✓ Client's identified risks
 - ✓ Risk reduction discussion
 - ✓ Testing discussion
 - ✓ Client's reaction/demeanor
 - ✓ Discussion of referral recommendations
 - ✓ Referral Information
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 - Client brings partner in to CTS
 - What happens if partner does not show
 - What are the plans for follow-up
4. Copy of Test Result Form
5. Copy of Confirmed Laboratory Result (if applicable)
6. Copy of Completed Referral Form
7. Copy of Records Release Form (if applicable)
8. Copy of Incentive Receipt (if applicable)

**Include this form in each client file – not to be included in EMR,
optional for paper charting systems**

New Jersey Department of Health and Senior Services
Division of HIV/AIDS Services
Counseling, Testing and Referral (CTR) Services

HIV CLIENT RECORD CHECKLIST (with Respect)

Client files must include the following:

1. HIV Reporting Form
2. Signed HIV Antibody Test Consent Form/General Consent Form
3. **DAP Notes (testing with Respect)**

Data

- Nature of the session/Reason for client's visit
- Focus of the session (includes specific topics from RESPECT script)
 - *Information about client's risk history (Risk Assessment)*
 - *Client's most recent risk activity*
 - *Previous experience with Risk Reduction efforts*
 - *The Risk Reduction step negotiated between client and counselor*
 - *Discussion of HIV Testing*
 - *Discussion of Rapid HIV Result*
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- What will client do between now and next session?

4. Copy of Test Result Form

5. Copy of Confirmed Laboratory Result (if applicable)
6. Copy of Completed Referral Form
7. Copy of Records Release Form (if applicable)
8. Copy of Incentive Receipt (if applicable)

Include this form in each client file