

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory

Correction Form

Name: _____ Title: _____

Organization: _____

Address: _____

Street

City

State

ZIP code

County

Telephone: _____ URL: _____

Area Code

Phone Number

Web Site Address

Testing Type: Anonymous Confidential

Testing Method: Standard Blood Test Standard Oral Fluid
(Check all that apply) Rapid Blood Test Rapid Oral Fluid

Type of Visit: Walk-in By Appointment Evening Hours Weekend Hours
(Check all that apply)

Language: English French Spanish Creole Chinese
(Check all that apply) Russian Sign Language Others. Specify _____

Fee Information: HIV C&T services provided free of charge to all clients regardless of their ability to pay.
(Check all that apply) HIV C&T services provided free of charge or reduced fee based on client income.
 Accept government programs, including Medicaid, Medicare, and ADAP+.
 Accept 3rd-party private insurance.
 Accept out-of-pocket payment.
 Other payment methods. Please specify _____

Service Features/Limitations:

1. _____
2. _____
3. _____

Please send this form to : _____ or
Shu-Yin John Leung
Office of Program Evaluation and Research
Riverview Center
150 Broadway
5th Floor
Menands, NY 12204

By Fax to:
(518) 402-6813