

# Partner Information Form (PIF) Guidance

## *Counseling and Testing (C&T) Venues*

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**Introduction** This document has been developed to provide a better understanding of the *Partner Information Form (PIF)* developed by the California Department of Public Health, Office of AIDS (OA) and in collaboration with the Sexually Transmitted Disease (STD) Control Branch. The intent of this guidance is to 1) describe the role of the PIF in Partner Counseling and Referral Services (PCRS); 2) ensure consistent interpretation of the questions by program site staff; 4) provide a description of administrative items on the PIF and; 5) outline specific procedural protocols for the multiple programmatic scenarios.

**Purpose** The PIF is an important tool serving multiple functions for PCRS. It is used when an HIV-positive client chooses to inform a partner of his/her exposure risk with the assistance of a PCRS provider through Dual Disclosure or Anonymous Third Party Disclosure. In the case of Dual Client/Partner Notification, the PIF records required basic demographic info on the partner, exposure information, the date of the client/partner session and the partner testing and referral outcomes once dual disclosure takes place. For Anonymous 3<sup>rd</sup> Party Notification, the PIF collects demographic, exposure, locating, service provision and outcome information on a client's partner. This form is essential in ensuring that the field staff, or Disease Intervention Specialist (DIS), will be able to locate and identify potentially exposed partners, thus it is important that the PIF be filled out with the original HIV-positive client as completely and accurately as possible. The form is designed such that once the locating information (which contains identifying information) is obtained, that information is only available to the field worker or DIS who is following up with, or notifying, the partner. A carbon copy blacking out the identifying information is kept for data entry. Once the final disposition is obtained, the DIS worker will access the record through a unique number and close out the case.

**Application**

- A PIF is to be filled out with each HIV-positive client who chooses to notify a sexual or needle-sharing partner through Dual Client/Partner Notification or Anonymous Third Party Notification. One PIF is to be filled out for each partner the client wishes to inform.
- Only counselors who have successfully completed an approved CET offered by the CDPH/STDCB are considered to be trained and able to *deliver* these PCRS options to clients.
- It is important to elicit reliable locating information in order to provide successful partner notification.

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**PIF  
Procedural  
Protocol**

1) HIV+ client chooses *Anonymous Third Party Notification* for one or more partners:

a. Data collection with originating HIV+ client (Counselor):

- i. The trained counselor providing PCRS completes all sections of the top page (white) of the PIF *except* the *Dual Client/Partner Session Only* section. This includes the client identifier number information at the top of the form and the following sections: *Initiating Provider Information; Partner Information; Additional Identifying Information; and Exposure Information*. Under the *Anonymous Third Party Notification Only* section, only **Investigating LHJ#** variable is to be filled out by counselor. The remaining variables in this section are left blank for subsequent completion by the DIS staff (see Follow-up and Close-out below.)

*Note:* It is important to complete the locating information (address, telephone, partner description, etc) to the best of the HIV+ client's ability and in a sensitive and thorough manner (see additional Guidance on *Eliciting Partner Information*.)

- ii. The top page (white) **must** be confidentially faxed to the PCRS/DIS Coordinator assigned to the Investigating LHJ within **24 hours** of elicitation. (*Note:* Some agencies may choose to first route the fax through their local PCRS/DIS Coordinator who, in turn, faxes the form to the Investigating LHJ. Please refer to local protocols and procedures.) The faxed paper is held onsite in a secure place for a predetermined period of time and is, then, shredded. (This procedure is outlined locally with your PCRS Program staff.) The second page (yellow) is sent to data entry staff for entry into LEO.

- iii. *Note:* The third page (pink) is for data storage or backup purposes and may not be utilized by all providers.

b. LEO data entry:

- i. On pages two and three (yellow and pink carbon copies), the locating variables have been blocked out to ensure confidentiality. This blocked out page should be given to data entry personnel for entry into LEO.

**PIF  
Procedural  
Protocol,  
cont.**

*Note:* The top page (white), with locating information exposed, should *never* be given to data entry personnel because of the confidential nature of the information. No client identifying and/or locating information is entered into LEO.

- ii. All non-blocked variables are required except for **Date of Birth**, which can be left blank as long as known or estimated age is entered. The partner's **Date of Birth** and any variables marked "Unknown" or "D/R" should be later clarified upon follow-up with a partner and entered or corrected in LEO by the DIS or the DIS Coordinator.

*Note:* C&T venues will *not* be able to invoice for Anonymous Third Party Notification until a PIF has been initiated and data-entered into LEO with the above required variables.

c. Follow-up (DIS):

- i. As stated above, the top page (white) **must** be confidentially faxed to the PCRS/DIS Coordinator assigned to the Investigating LHJ **within 24 hours** of elicitation. Upon receiving the confidentially faxed PIF, the PCRS/DIS Coordinator will access the PIF in LEO using the **Linking ID#** and **Partner #** indicated at the top of the form. The PCRS/DIS Coordinator then assigns the case to a local DIS Field Worker by filling out the **Assigned DIS Field Worker #** and the **Date Assigned to DIS Field Worker** and by assigning a corresponding Field Record for use in the field. This Field Record number is documented on the PIF under **Indicate Field Record #**. Once the DIS Field Worker receives the Field Record, field notification activities can begin.

d. Close out (DIS):

- i. Once a final disposition is given, a case is closed out. The Assigned DIS Field Worker or the PCRS/DIS Coordinator will access the PIF in LEO via the **Linking ID #** and the **Partner #** and, under the *Anonymous Third Party Notification Only* section, will complete the **Final Disclosure Disposition**, the **Date Case Closed** and whether the case was an **Internet Initiation/Notification**.
- ii. In the case that some partner information is inaccurate or was unknown by the originating client (such as, **Date of Birth** or **Race/Ethnicity**), these variables should be completed or modified by the DIS staff at this time as well.

**PIF  
Procedural  
Protocol,  
cont.**

- iii. If the Assigned DIS Field Worker will not be accessing LEO, then the information needed to complete and close out the case, including the **Final Disclosure Disposition** and the **Date Case Closed**, may be entered into LEO by data entry personnel according to local procedural protocol.
  - iv. The *Partner Testing & Referrals* section is to be filled out by the DIS Field Worker or a follow-up counselor if the partner was located and chose to test following notification and/or if the partner was referred to additional services.
- 2) HIV+ Client chooses *Dual Client/Partner Notification Session*
- a. Data collection with originating HIV+ client (Counselor):

*Note:* Because identifying information is not typically necessary for Dual Notification, the form is designed so that the top page (white) can be removed and the second and third pages (yellow and pink carbon copies), with the identifying information blocked off, can be used for data collection.

    - i. The trained counselor providing PCRS completes all sections of the second page (yellow) of the PIF *except* the *Anonymous Third Party Notification Only* section. The information collected with the HIV+ client being counseled on a Dual Notification procedure includes the **Linking ID#** and **Partner #** at the top of the form and the following sections, *Initiating Provider Information; Partner Information* (non-blocked variables); and *Exposure Information*.
    - ii. The *Dual Client/Partner Notification Session Only* section is filled out with the **partner** once the Dual Client/Partner Notification Session is completed.
    - iii. Following the Dual notification session, the counselor speaks with the partner alone (unless otherwise agreed upon) and discusses testing and/or care options. At this time, **Date of Dual Session, Partner Notified, Previous Testing History** and **Current Testing** variables are completed. *Note:* The date of this session may be different from the date the PIF was initiated. However, it is advised that the Dual Session occur within 1 week of the original client interview (see PCRS Program Guidance.)
    - iv. In the case that some information is inaccurate or was unknown by the originating client (such as **Date of Birth** or

**PIF  
Procedural  
Protocol,  
cont.**

**Race/Ethnicity**), these variables should be completed or modified by the counselor at this time as well.

- v. The *Partner Testing & Referrals* section is to be filled out if the partner chooses to test following notification and/or if the partner was referred to additional services.
- vi. The second or third page (yellow/pink) should be given to the data entry clerk for entry into LEO.
- b. LEO data entry:
  - i. Non-blocked variables should have complete information and be data entered into LEO.
  - ii. In the case that a client will return at a later date, the form can be stored in a secure location and not data-entered until the Dual Session occurs *or* the second (yellow) page can be sent to the data entry staff to input existing data into LEO and the third (pink) page can be stored in a secure location for follow-up data collection. Once the Dual Session occurs, the pink copy can be sent to data entry staff for LEO entry and Dual Notification close-out.

*Note:* C&T programs will **not** be able to invoice for Dual Notification until all information is entered and complete. Thus, this should be kept in mind when discussing with the original client when they will bring their partner in for the Dual Session.

- c. Follow-up for partner testing and referrals:

It may be necessary to follow-up with the partner after the Dual Session, such as if partner will come back to test or will test elsewhere, or if the counselor needs to follow-up on a referral to care. In these cases, self-report **Current Testing, Test Result** and *Partner Testing and Referrals Section* information can be obtained from the client during follow-up.

- d. Close out:

Once *Dual Client/Partner Notification Session Only* section is complete, the case can be closed out. In the situation that a partner from a Dual Notification Session is followed up for **Current Testing** and **Test Result**, the counselor or other follow-up worker can access the case in LEO via the **Linking #** and the **Partner #** and complete those variables.

**Paperwork  
Procedural  
Recap**

Once the PIF is completed the copies should be distributed as follows:

- (1) The top page (white): for Anonymous Third Party Notification, **must** be confidentially faxed to the Investigating agency's designated PCRS/DIS coordinator within **24 hours** of initiation. *Note:* In some instances, the top page (white) will be faxed to the local PCRS/DIS coordinator first, who then forward the page to the appropriate investigating LHJ. The top page (white) will be held for a predetermined period of time in accordance with local protocols and then shredded.
- (2) The second page (yellow) should be forwarded to data entry staff for entry into LEO. Once data entered and submitted for field follow-up, the information on the PIF will be accessible in LEO to both the Initiating and the Investigating LHJ's PCRS/DIS Coordinators. However, once submitted to the Investigating LHJ, the Initiating LHJ no longer has editing permissions.
- (3) The third page (pink) is for data storage or backup purposes and may not be utilized by all providers.

**Linking  
Procedure**

The **Linking ID** allows PCRS to be evaluated in LEO across all venues in which the services are offered without each venue having to fill out additional paperwork, such as the Original Client (OC) Form. Reports generated through LEO will cull variables from data collected on different forms and in different venue types.

***Example:** Among those HIV+ females who chose to notify their partners through Anonymous 3<sup>rd</sup> Party Notification in your C&T venue, what percent of their partners were actually located and informed of their exposure?*

To answer this question, we need to link the original HIV+ client information from the Counselor Information Form (CIF) to the partner information from the PIF. From the CIF, we need the original HIV+ client's gender, their HIV test result, and whether or not they chose to refer a partner for Anonymous 3<sup>rd</sup> Party Notification. Using the unique **C&T Client #**, or **OAID**, assigned to the CIF, we can locate all PIFs associated with those HIV+ females. From these PIFs, LEO can verify how many partners of those HIV+ females were initiated for follow-up and how many of those partners were actually located and notified of their potential exposure to HIV.

***Important:** Keep in mind that NO client identifying information is entered into LEO. The linking occurs anonymously and only through the series of unique numbering explained thoroughly below.*

## PIF Variable Descriptions

**Linking ID#** Uniquely numbering each PIF allows for successful linkage and tracking. This unique number, or **Linking ID #**, depends on *three* components: 1) the type of venue where the originating client received partner services; 2) the ID number associated with the originating client; and 3) a partner number allowing for multiple partners to be associated with one original client.

- 1) **Linking ID # checkboxes:** The type of ID number that will be used to uniquely identify the PIF depends on the venue where the originating client received partner services. For C&T venues, because the C&T Client # (OAID) is used to uniquely identify a client record, that box will be checked. (*Note: Use of the other Linking ID options will be outlined in future PIF Guidance documents.*)
- 2) **ID#:** The unique ID number associated with the originating client at the venue indicated by the checkbox. For C&T venues, this will be the 8-digit *C&T Client #* or *OAID*.
- 3) **Partner #:** A number which is appended to the above client ID# as a suffix in order to create a unique number for each partner identified for that client. The **Partner #** is assigned sequentially by the counselor/staff according to how many partners are referred (i.e. 12345678-001, 12345678-002, 12345678-003...). If only one partner is referred, the partner number will be '001'.

*Important:* If an originating HIV+ client refers multiple partners for follow-up, the same *C&T Client # (OAID)* will be used on *each* PIF initiated. Thus, the **Partner #** variable will, then, be used to uniquely identify each partner.

If...	Then...
The originating HIV+ client is offered PCRS in a Counseling and Testing (C&T) venue (after receiving a positive HIV test)...	Mark <i>C&amp;T Client # (OAID)</i> and enter the corresponding 8 digit C&T Client # (OAID) of the originating HIV+ client in the boxes under <i>ID#</i> . Next to this number, also add the corresponding <i>Partner #</i> .
The originating HIV+ client <i>returns</i> to Counseling and Testing (C&T) venue for PCRS at a later time...	If <i>C&amp;T Client # (OAID)</i> is known, enter as described above. ( <i>Note: If the CIF has already been entered and marked Complete, you will no longer be able to invoice for PCRS activities.</i> )

**Linking ID#, cont.**

<p>The originating HIV+ client <i>returns</i> to Counseling and Testing (C&amp;T) venue for PCRS at a later time..., <i>cont.</i></p>	<p>If <i>C&amp;T Client # (OAID)</i> is not known and your C&amp;T venue also supports HERR activities, then the PCRS activity will become an HERR intervention (using the appropriate HERR form for the originating HIV+ client information.) The <i>HERR Client #</i> box will be checked and an 8 digit HERR # entered with a corresponding Partner #.</p> <p>If <i>C&amp;T Client # (OAID)</i> is not known and your C&amp;T venue does <i>not</i> support HERR activities, then the PCRS activity will become a stand-alone intervention and the OC Form will be used for the originating HIV+ client information. The <i>Other</i> box will be checked and “OC Form” written in the space available. The OC # will be entered in the boxes below ID# along with a corresponding Partner#.</p>
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**INITIATING PROVIDER INFORMATION**

The section covers key information on the service provider initiating the Dual Client/Partner Notification or Anonymous Third Party Notification with an HIV+ client.

**Date PIF Initiated** Date HIV+ originating client was interviewed about his/her partner(s). Write in the month, day, and two-digit year in the boxes (e.g., 09/25/08). Required variable. There must be a full date entered.

**Counselor ID** Enter the LEO-assigned ID number of the trained counselor performing a Dual Client/Partner Notification Session or who is eliciting information for Anonymous Third Party Notification.

(*Note: All LEO users are assigned a unique identification number upon setup and should use this code on all LEO forms. This code allows data entry staff to contact the provider if there are questions.*)

**Agency Contact/Phone Number** Enter direct contact information for the initiating provider. This contact information is intended to act as reference for the PCRS/DIS Coordinator who is the recipient of the confidential fax (white copy, PIF) providing identifying information on the partner for field follow-up. Be sure to write *clearly* the provider name and direct phone number, including area code, in the event that there are questions regarding the case.

*Note:* Once the PIF is entered into LEO, the initiating provider’s contact information as well as the contact information for the Investigating agency and PCRS/DIS Coordinator will be available as a tab in LEO.

**Anonymous Third Party Notification/Dual Notification Session** Mark type of service that is being performed. (*Note:* only **one** service can be performed for each PIF generated.)

## PARTNER INFORMATION

This section collects demographic and locating information on the partner to be notified through a Dual Client/Partner Notification Session or through Anonymous Third Party Notification.

*Note:* While it is important to collect as much locating and identifying information as possible for Anonymous Third Party Notification in order to ensure a successful notification, clients may not know all of the information asked about their partner(s). For example, they may only have a nick name rather than a full name or a cross-street and house description rather than an address. Therefore, some variables in this section may be left blank unless stated as a “required variable.”

If...	Then...
The HIV+ client chooses to notify their partner through <b>Dual Client/ Partner Notification</b>	Use Page Two (yellow) for data collection. All unblocked variables are to be completed with the exception of those in the Anonymous <i>Third Party Notification <u>Only</u></i> box.

If...	Then...
<p>The HIV+ client chooses to notify their partner through <b>Dual Client/ Partner Notification, cont.</b></p>	<p><i>Note:</i> There may be situations in which the counselor may want to collect contact information on the partner for follow-up purposes, such as self-report test result and follow-up on referrals to care. In these cases, local protocols for client follow-up should be developed and followed.</p>
<p>The HIV+ client chooses to notify their partner through <b>Anonymous Third Party Notification</b></p>	<p>Top Page (white) is used for data collection. All variables that are unblocked on pages two and three are <u>required</u> variables and must be completed with the exception of those in the <i>Dual Client/partner Notification <u>Only</u></i> box.</p> <p>Additional locating and identifying variables in <i>Partner Information</i> and <i>Additional Identifying Information</i> sections (those variables that are <u>blocked</u> on pages Two and Three) are to be completed as information is available. Because this information is essential in ensuring that the field staff will be able to locate and identify potentially exposed partners, it should be filled out as completely and accurately as possible with the originating client.</p> <p><i>Note:</i> Elicitation is covered extensively in the PCRS training that is required to perform this activity.</p>

Partner Information Form (PIF) Guidance, **Continued**

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**Name of Person Being Notified** First and last name (if known) of the partner who will be notified of potential exposure.

**Nicknames or AKA's (Also Known As)** Other names that the partner might be called or known by.

**Gender identity** Enter the gender of the partner as reported by the originating HIV+ client. Required variable.

Ask originating client if he/she knows whether their female partner is pregnant and, if yes, whether she is receiving prenatal care from a clinic or doctor.

<b>If ...</b>	<b>Then ...</b>
Originating client has knowledge that female partner is not pregnant	Mark (0) <i>No</i>
Originating client doesn't know whether female partner is pregnant	Mark (8) <i>CDK</i> (client doesn't know)
Originating client has knowledge that female partner is pregnant	Mark (1) <i>Yes</i>
Originating client has knowledge that female partner is pregnant and is in prenatal care	Mark (1) <i>Yes</i>
Originating client has knowledge that female partner is pregnant and is not or may not be in prenatal care	Mark (0) <i>No</i>

<b>If ...</b>	<b>Then ...</b>
Originating HIV+ client indicates that their partner is a gender other than those specified	Mark the <i>Other</i> box and enter the specific gender indicated
Originating HIV+ client indicates that they do not know the gender of their partner	Mark the <i>Unknown</i> box
Originating HIV+ client declined or refused to give a gender for their partner	Mark the <i>D/R</i> box

**Gender identity, cont.**

**Important:** Leaving the **Gender identity** boxes blank and NOT marking the *declined/refused* box or *Unknown* box indicates the PCRS counselor did not perform a complete interview. It is up to the counselor to perform as thorough an interview as possible with the HIV+ client. If some information is unknown or is not given by the originating HIV+ client, the DIS staff following up on the partner may clarify those variables in a counseling session with the partner and make data modifications as necessary (see **Protocol** above).

**Race/ethnicity**

The response options represent the six standard census groups and may not accurately represent the race or ethnicity the client identifies with. Check any of the race or ethnicity groups that the client most identifies with or that come closest. Mark all that apply. Required variable.

If ...	Then ...
Originating client identifies their partner in a race/ethnicity group not listed	Mark <i>Other</i> and write down the race or ethnicity indicated.
Originating HIV+ client indicates that they do not know the race/ethnicity of their partner	Mark the <i>Unknown</i> box
Originating HIV+ client declined or refused to give a race/ethnicity for their partner	Mark the <i>D/R</i> box

**Important:** Leaving the **Race/ethnicity** boxes blank and NOT marking the *declined/refused* box or *Unknown* box indicates the PCRS counselor did not perform a complete interview. It is up to the counselor to perform as thorough an interview as possible with the HIV+ client. If some information is unknown or is not given by the originating HIV+ client, the DIS staff following up on the partner may clarify those variables in a counseling session with the partner and make data modifications as necessary (see **Protocol** above).

*Note:* marking key identifying information as unknown or D/R, e.g. gender, age, race/ethnicity can make it difficult for a DIS to locate and notify the appropriate person.

**Any Domestic Violence Risk Issues?**

Indicate whether there are any issues around potential domestic violence between the original client and the partner if the partner were to be anonymously notified. Required variable.

*Note:* Because a notification should only go forward in the case a client answers *No*, this question is considered to be a counselor prompt to be sure the issue is addressed.

If ...	Then ...
The client indicated that there may be a risk of violence if the partner is anonymously notified of exposure	Mark <i>Yes</i> .  <b><i>Important:</i></b> Partner notification is not advised in the case of any potential violence. If <i>Yes</i> is answered and notification proceeded, a documented explanation is needed.
The client indicated that there is no risk of violence if the partner is anonymously notified of exposure	Mark <i>No</i> .
The client indicated that he/she does not know if there is a risk of violence if the partner is anonymously notified of exposure	Mark <i>Unknown</i>  <b><i>Important:</i></b> Partner notification is not advised in the case of any potential violence. If <i>Yes</i> is answered and notification proceeded, a documented explanation is needed.
The client refused to address questions regarding any risk of violence if the partner is anonymously notified of exposure	Mark <i>Client Refused</i>  <b><i>Important:</i></b> Partner notification is not advised in the case of any potential violence. If <i>Yes</i> is answered and notification proceeded, a documented explanation is needed.

Partner Information Form (PIF) Guidance, **Continued**

**Is Partner Spouse of Original Client?**

Indicated whether original client is or has ever been married to the partner he/she is referring for anonymous notification. Required variable.

<b>If ...</b>	<b>Then ...</b>
The client is married to the partner being referred at the time the PIF is filled out	Mark <i>Present</i>
The client was previously married to the partner being referred, but is divorced or legally separated at the time the PIF is filled out	Mark <i>Past</i>
The client has never been married to the partner being referred	Mark <i>Never</i>
The client was not asked if they were or had been married to the partner being referred	Mark <i>Unknown</i>
The client declines or refuses to answer whether they have ever been married to the partner being referred	Mark <i>D/R</i>

**Date of birth**

Write in the month, day, and two-digit year of birth in the boxes (e.g., 04/25/90).

<b>If ...</b>	<b>Then ...</b>
If the client only provides the month and year of the partner's birth	Complete the month and year boxes.
If the client only provides the age of the partner	Leave <b>Date of Birth</b> blank and fill out <b>Age</b> variable or  Enter 0 for month and day followed by the year of birth (e.g., 00/00/80).

**Age**

Enter age or approximate age of partner. Required variable.

**First letter of last name** If the client indicated the partner’s name in the **Name of Person Being Notified**, enter the FIRST LETTER of the partner’s LAST NAME in this box. If the client did not indicate the partner’s full name, ask if they can give you only the first letter of the last name. If this is not known, leave blank.

*Note:* This information is necessary and is used as part of an anonymous matching code to track successful referrals to and from HIV counseling and testing services. The matching criteria are made up of the first letter of the client’s last name, date of birth, race, gender and zip code. These few data items will accurately determine if a client was successfully linked to testing or other services. Anonymity and confidentiality remain unchanged and are assured by the use of this very limited information.

**Address** If known, enter the number and street address of the partner.

**Apt #** If known or applicable, enter apartment number of the partner.

**City, State** Name of the city and state where partner can be located. Required variable.

**Zip code** Enter the ZIP code where the partner can be located. California ZIP codes range between 90000 and 96200.

<b>If ...</b>	<b>Then ...</b>
If the partner is a transient/homeless	Enter the ZIP code where they most often reside or hang out.
If the partner resides out-of-state or out of country	Enter ZIP code or leave blank if unknown
If the partner’s zip code is not known by the client	Leave blank

**Cross street** If known, name of the cross street of the partner’s address.

**Description of house/apartment** Please provide as much detail as possible when describing the house or the apartment where the partner may be located. *For example:* Brick house, with red awning surrounded by a chain link fence, etc.

<b>Best Day and Time to Locate at Address</b>	Per the original client, provide the best time that the partner might be located at the address given (AM or PM).
<b>Telephone Number</b>	Telephone number of the partner that is to be located and notified, please be sure to indicate the area code and type of number it is and mark the appropriate box.
<b>Alternate Number</b>	Other or additional telephone numbers of partner that is to be located and notified, please be sure to indicate what type of number it is and mark the appropriate box.
<b>Email address</b>	If known, indicate email address of the partner that is to be notified. Please be sure to indicate the entire email address and verify spelling with client. E-mail addresses have unique spellings, e.g., toohot@yahoo.com, 2hot@yahoo.com, tohot@yahoo.com, tuhot@yahoo.com.
<b>This Person Lives With</b>	Mark all that apply. Indicate who the partner lives with at the address given.
<b>Alternate Address for Locating Partner</b>	Additional address where partner that is to be located and notified might be found.
<b>What is This Location</b>	Indicate for the alternate address the type of location, i.e. work, hang-out, parent's house etc.
<b>Best Day and Time to Locate at Alternate Address</b>	Mark all that apply. Please remember to indicate either AM or PM.

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## **Additional Identifying Information**

Additional personal identifying information in order to ensure a successful notification.

<b>Glasses</b>	Indicate if the partner wears glasses (yes) or not (no).
<b>Hair Color/ Style/Texture</b>	The color and style of hair and/or hair texture of the partner that is to be located and notified (e.g., shaved head, curly hair, braids, dreadlocks, etc.)

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<b>Primary Language Spoken</b>	Primary language or languages spoken by the partner that is to be located and notified.
<b>Type of Build and Height</b>	Brief description of body type and height of the partner that is to be located and notified (e.g., muscular build, thin.)
<b>Eye Color</b>	Color of the eyes of the partner that is to be located and notified.
<b>Skin Color</b>	Color of the skin of the partner that is to be located and notified (e.g., light, medium, dark etc).
<b>Distinguishing Features</b>	Physical features that are noticeable of the partner that is to be located and notified (e.g., disabilities, tattoo on right arm, scars etc.)
<b>Additional Information</b>	Any other comments or information that will be helpful to identify or locate the partner as well as any safety issues for the DIS field worker (e.g., drives a black Nissan Pathfinder and is usually friendly.)

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## Exposure Information

Information regarding the partner's exposure to HIV through sex or needle-sharing with the referring HIV-positive client or through a sexual or needle-sharing network to which the referring HIV positive client belongs.

<b>Date of 1<sup>st</sup> Exposure</b>	The month and year of the first potential exposure. Write in the two-digit month and two-digit year in the boxes (e.g., 09/08).
<b>Date of Last Exposure</b>	The month and year of the last potential exposure. Write in the two-digit month and two-digit year in the boxes (e.g., 09/08). Required variable.
<b>Number of Exposures</b>	The number of times in a particular timeframe that the partner that is to be located and notified was potentially exposed to HIV. Required variable.
<b>Type of Exposure</b>	Mark all that apply. Be sure to ask and indicate if a needle-sharing partner is also a sexual partner and vice versa. Required variable.
<b>Was partner referred as part of social network/ cluster?</b>	Indicate whether partner was referred not as a directly exposed partner of an HIV+ client, but as a potentially exposed individual within the social network of an HIV+ individual. Required variable.

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## Third Party Follow-up Only

This section to be filled out only for those partners referred for notification through Anonymous Third Party Notification.

<b>Investigating LHJ#</b>	Indicate the two-digit number of the Local Health Jurisdiction in which the partner resides or will otherwise be located. Required variable.
<b>Date assigned to DIS Field Worker</b>	Enter date case was assigned to DIS for follow-up in the field. Write in the two-digit month, day and year in the boxes (e.g., 09/25/08). Required variable.
<b>Assigned DIS Field Worker #</b>	Enter DIS field worker ID number to whom the case was assigned. Required variable.
<b>Indicate Field Record #</b>	Indicate the Field Record Number assigned to the case. Required variable.
<b>Final closure disposition</b>	Coded final outcome of the partner notification follow-up. Required variable.
<b>Date case closed</b>	Enter date case was given a final disposition by DIS or other person in the field and closed, indicating no further follow-up. Write in the two-digit month, day and year in the boxes (e.g., 09/25/08). Required variable.
<b>Internet Initiation/ Notification</b>	Check box if case was followed-up through internet notification only.

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## Dual Client/Partner Notification Session Only

This section to be filled out only for those partners to be notified through a Dual Client/counselor Notification session.

<b>Date of Dual Session</b>	Enter the date the client/partner session took place. Write in the two-digit month, day and year in the boxes (e.g., 09/25/08). Required variable.
<b>Partner Notified?</b>	Indicate whether or not the partner was actually notified by the counselor/client of their potential exposure to HIV. Required variable.

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**Previous Testing History**

Testing history and/or testing status of the partner prior to participating in the Dual Client/Partner Notification Session.

<b>Partner tested before?</b>	Indicate if partner being counseled has tested for HIV before. Required variable.	
	<b>If...</b>	<b>Then...</b>
	Partner reports having ever tested for HIV prior to the Dual Notification Session	Mark 'yes'
	Partner reports never having tested for HIV	Mark 'no'
	Partner reports not knowing if s/he has ever tested for HIV	Mark 'unknown'
<b>If yes, in past 3 months?</b>	If partner being counseled has previously tested for HIV, indicate if this occurred within three months of the Dual Notification Session.	
<b>Partner already positive?</b>	If the partner has tested before, indicate whether the partner has <i>received an HIV positive test result</i> prior to the Dual Notification Session. Required variable.	
	<b>If...</b>	<b>Then...</b>
	Partner reports having previously received a positive HIV test result	Mark 'yes'
	Partner reports having previously received a negative HIV test result	Mark 'no'
	Partner reports having previously tested for HIV but did not receive the test result	Mark 'unknown'

Partner Information Form (PIF) Guidance, **Continued**

**Previous Testing History, cont.**

<b>Partner already positive?, cont.</b>	<b>If...</b>	<b>Then...</b>
	Partner reports not knowing if s/he has ever tested positive for HIV	Mark ' <i>unknown</i> '
	Partner reports never having tested for HIV	Mark ' <i>unknown</i> '
<b>If yes, is partner in care?</b>	If partner previously tested positive for HIV, indicate if s/he is accessing HIV care services.	

**Current Testing**

Testing decision and, if applicable, testing status of the partner as a result of participating in the Dual Session.

<b>Partner tested following notification?</b>	Indicate if partner has chosen to test for HIV. Required variable.	
	<b>If...</b>	<b>Then...</b>
	Partner chooses to test for HIV following the Dual Notification Session	Mark ' <i>yes</i> '
	Partner chooses not to test for HIV or indicates that s/he does not intend to test for HIV	Mark ' <i>no</i> '
	Partner indicates that s/he does not know if s/he will test for HIV  <i>or</i> Partner indicates that s/he will test for HIV elsewhere, but is lost to follow-up	Mark ' <i>unknown</i> '

Partner Information Form (PIF) Guidance, **Continued**

**Current Testing, cont.**

<b>If yes, Test Result</b>	If partner tested for HIV, indicate HIV test result.	
	<b>If...</b>	<b>Then...</b>
	Partner's HIV test result is positive	Mark <i>'Positive'</i>
	Partner's HIV test result is negative	Mark <i>'Negative'</i>
	Partner tested for HIV but did not receive the test result	Mark <i>"Partner did not receive result"</i>
	Partner received test result, but chose not to disclose to provider	Mark <i>'Not Disclosed'</i>
	Provider does not know status of partner	Mark <i>'Unknown/No Follow-up'</i>

## Partner Testing & Referrals

(for both Anonymous Third Party & Dual Notification Sessions)

**Test Provider** Indicate whether partner was tested on-site, referred to a C&T provider for testing, or will seek testing through their private healthcare or other provider.

**Indicate Partner C&T Client #** Record CIF # if partner was tested in an Office of AIDS-funded counseling & testing venue.  
**Note:** If C&T Client # (OAID) is recorded, it is not necessary to indicate a Test Result.

**Referrals** Mark all that apply. Indicate if the partner received given referrals.  
**Note:** It is of utmost importance to facilitate a referral to medical care for a partner newly testing positive or indicating that they have already tested HIV positive and are not in medical care.

**If known, indicate partner ARIES #** When an HIV-positive partner is actively referred to Care/Treatment, indicate the ARIES linking #, if known.  
**Note:** This linking number allows us to ensure that HIV-positive clients are being linked to care and treatment services.