

Guidance for Completing the Partner Information Form (PIF)

Introduction This document has been developed to provide a better understanding of the California Department of Public Health, Office of AIDS (OA) *Partner Information Form* (PIF). The intent of this guidance is to describe the PIF's role in the Partner Counseling and Referral Service (PCRS) session, ensure consistent interpretation of the questions by test site staff, ensure consistent responses to questions that may be asked by clients, and provide a description of administrative items on the PIF.

Purpose The PIF is an important piece of PCRS. The PIF is used when an HIV-positive client chooses to inform a partner of his/her exposure risk with provider assistance through Dual Disclosure or Anonymous Third Party Disclosure. The PIF collects demographic, locating, service 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. Please fill it out as completely and accurately as possible with the original HIV-positive client. 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 on 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.

Process

Application

- To be filled out with every HIV-positive client who chooses Dual Disclosure or Anonymous Third Party notification. One PIF to be filled out for each partner the client wishes to disclose to.
- Only counselors who have successfully completed an approved CET offered by the CDPH/STD/CB are considered to be trained and able to *deliver* these PCRS options to clients.
- While it is important to get reliable locating information in order to provide the service, clients do not have to respond to questions that make them feel uncomfortable or that they do not want to answer.

Continued on next page

Procedure

PIF Procedural Protocol

- 1) HIV+ client chooses Anonymous Third Party Notification
 - a. Counselor:
 - i. Completes 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. This includes filling out locating information to the best of the HIV+ client's ability.
 - ii. Under the *Third Party Follow-up Only* section, only **Date Assigned to Field** and **Field Notifier Worker #** variables to be filled out by counselor. **Date Case Closed** and **Final Closure Disposition** variables are to be filled out by the DIS or other field worker conducting the partner notification.
 - b. Data entry:
 - i. Page three (bottom form, carbon copy) has the identifying variables blocked out to ensure confidentiality. This blocked out page should be given to data entry personnel. The front page, with identifier information exposed, should never be given to data entry personnel.
 - ii. Non-blocked variables should have complete information and data entered in the Local Evaluation Online (LEO) system. Any variables that are not complete should not be data entered into LEO and should be left blank for later input by the DIS or other field follow-up worker.
 - c. Follow-up:
 - i. Page one (top form) and page two (middle form, carbon copy) will be given to the DIS or other field follow-up worker (indicated in the **Field Notifier Worker #** box). This DIS or other field follow-up worker will begin notification activities.
 - d. Close out:
 - i. Once a final disposition is given, a case is closed out. The DIS or other field follow-up worker will access the case in LEO via the CIF #, the Unique ID # or the STD ID # and will complete the **Date Case Closed** and **Final Closure Disposition** variables in the *Third Party Follow-up Only* section. In the case that some required information is missing (such as race/ethnicity or age), these variables can be completed at this time as well.

- ii. Page two (middle form, carbon copy) should be given to data entry personnel. Remaining information, including the **Date Case Closed** and **Final Closure Disposition**, is entered into LEO.
- 2) HIV+ Client chooses Dual Notification
- a. Counselor:
 - i. Completes the client identifier number information at the top of the form and only non-blocked information indicated on page two (middle form, carbon copy) of the PIF, except *Third Party Follow-up Only* section. (*Note: you will only need this bottom form if no partner follow-up required.*)
 - ii. Also fills out *Dual Disclosure Session Only* section. (*Note: If partner tested at C&T site, the **CIF #** can be recorded in place of a **Test Result**.*)
 - b. Data entry:
 - i. Non-blocked variables should have complete information and data entered in the Local Evaluation Online (LEO) system. Any variables that are not complete should not be data entered into LEO and should be left blank for later input.
 - c. Follow up:
 - i. If follow-up is necessary (partner will come back to test or test elsewhere, etc), can use top form to contact partner for **Testing Status** and **Test Result** information. (*Note: You should only need to obtain telephone, email, or mailing information in order to follow up with a partner who was notified through a Dual Disclosure Session.*)
 - d. Close out:
 - i. In the situation that a partner from a Dual Session is followed up for **Testing Status** and **Test Result**, the counselor or other follow-up worker can access the case in LEO via the CIF #, the Unique ID # or the STD ID # and complete those variables in the *Dual Disclosure Session Only* section.

A separate PIF is to be filled out for *each* partner to be notified. For C&T venues, be sure to record the CIF # of the original HIV+ client at the top of the PIF. For E&P venues, be sure to indicate a PCRS Unique ID# for the original HIV+ client at the top of the PIF. For STD venues, be sure to record the STD ID # of the original HIV+ client in the top right hand corner of the PIF. If more than one partner is referred by an HIV+ client, be sure that their unique number is on the top of each PIF filled out.

PIF Variables The following is guidance for clarifying variables on the PIF.

1. Initiating Provider Information

Variables in this section are to be completed by the provider that initiated the Dual Disclosure or Anonymous Third Party referral.

Variable	Remarks
Date PIF Initiated	Date HIV+ client was interviewed about their partner(s).
DIS Counselor/Worker ID #	Trained counselor performing Dual counseling session/eliciting information for Anonymous Third Party Notification.
Agency Name/Location/Phone	Contact information for initiating provider.
Dual Session/Third Party Notification Referral	Mark type of service that is being performed.

PIF Variables 2. Partner Information

Demographic and locating information collected about the partner notified through Dual Disclosure or Anonymous Third Party referrals.

Variables	Remarks
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
Gender	Mark one. If female, indicate if pregnant. If pregnant, indicate if in prenatal care.
Race/ethnicity	If known, the race and/or ethnicity of the partner that is to be located and notified. Mark all that apply.

Continued on next page

Partner Information Form (PIF), Continued

PIF Variables

Primary Language Spoken	Primary language or languages spoken by the partner that is to be located and notified
Is partner spouse of index client?	Is the partner being notified a present or past spouse of the referring HIV-positive client?
Address	If known, enter the number and street address of the partner.
Apt #	If known or appropriate, enter apartment number of the partner.
City, State, Zip code	Name of the city, state and zip code where partner's address is located. If the client is homeless, please indicate the city and/or zip code where the client spends most of his/her time.
Cross street	If known, name of the cross street of the partners 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.
Best Day and Time to Locate at Address:	Per the original client, provide the best time that the partner might be located and notified at their address. (AM or PM)
Telephone Number	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.
Alternate Number	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.

Continued on next page

Partner Information Form (PIF), Continued

PIF Variables

Email address	Email address of the partner that is to be notified, please be sure to indicate the entire email address.
This Person Lives With:	Mark all that apply. Indicate who the partner lives with at the address given.
Alternate Address for Locating Partner	Additional address where partner that is to be located and notified might be found.
What is This Location	Indicate for the alternate address the type of location, i.e. work, hang-out, parent's house etc.
Best Day and Time to Locate at Alternate Address	Mark all that apply. Please remember to indicate either AM or PM.

Continued on next page

Partner Information Form (PIF), Continued

PIF Variables 3. Additional Identifying Information

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

Variable	Remarks
DOB	Date of birth of partner, if known.
Age	Age or approximate age of partner.
Glasses	Indicate if the partner wears glasses (yes) or not (no).
Hair color	The hair color of the partner that is to be located and notified.
Hair Style/Texture	The style of hair and/or hair texture of the partner that is to be located and notified. For example: Shaved head, curly hair, braids, dreadlocks etc.
Type of Build and Height	Brief description of body type and height of the partner that is to be located and notified. For example: muscular build, thin.
Eye Color	Color of the eyes of the partner that is to be located and notified.
Skin Color	Color of the skin of the partner that is to be located and notified. (ex. Light, medium, dark etc)
Distinguishing Features	Physical features that are noticeable of the partner that is to be located and notified. For example, disabilities, tattoo on right arm, scars etc.
Additional Information	Any other comments or information that will be helpful to identify or locate the partner. For example: Drives a black Nissan Pathfinder and has a peaceful and calm attitude.

Partner Information Form (PIF), Continued

PIF Variables 4. 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.

Variable	Remark
Month/Year of 1 st Exposure	The month and year of the first potential exposure
Month/Year of Last Exposure	The month and year of the last potential exposure
Frequency	The number of times that the partner that is to be located and notified was potentially exposed to HIV and/or STD's
Type of Exposure	Mark all that apply. Be sure to ask and mark if a needle-sharing partner is also a sexual partner and vice versa.

PIF Variables 5. Third Party Follow-up Only

This section to be filled out only for those partners to be notified through Third Party Notification.

Variable	Remarks
Date assigned to field	Enter date case was assigned to DIS or other person in the field.

Partner Information Form (PIF), Continued

PIF Variables

Field notifier worker #	Enter field worker ID number to whom the case was assigned.
Date case closed	Enter date case was given a final disposition by DIS or other person in the field and closed, indicating no further follow-up.
Final closure disposition	Coded final outcome of the partner notification follow-up.

PIF Variables 6. Dual Disclosure Session Only

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

Variable	Remarks
Partner tested before?	Indicate if partner being counseled has tested for HIV before and, if so, if it was in the past three months.
Partner already positive?	Indicate if partner being counseled is already HIV-positive.
Partner tested?	Indicate whether partner being counseled agreed to test for HIV. If so, indicate whether they were tested during this counseling session or referred to testing.
Test Result	Indicate test result and whether the result was confirmed or self-report.
CIF #	Record CIF # if partner was tested in an Office of AIDS funded counseling & testing venue. Note: If CIF # is recorded, it is not necessary to indicate a Test Result.
Referrals	Indicate if the partner received given referrals.

Continued on next page

Partner Information Form (PIF), Continued

PIF Variables 7. Numbering and linking system

These variables are found at the top of the PIF. These numbers are specific to the HIV positive original client that referred the partner being notified. Indicate numbers as applicable.

Number	Description
PCRS OC Unique ID#	Enter unique form number.
CIF #	For C&T use only: To be entered when a client testing HIV-positive in a Counseling and Testing venue refers a partner for Dual or Third Party Notification.
STD ID#	For STD DIS use only: Enter the STD Interview Record Number.