

Massachusetts

Introduction and Table of Contents

January 27, 2009

To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at **(800) 933-3413**. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPLine](#)) at **(888) 448-4911** for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at **(888) 448-8765** for consultation on preventing mother-to-child transmission of HIV.

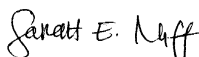
We update the *Compendium* periodically, but it is beyond the scope of the project to perform ongoing verification of every section frequently. We encourage readers to send comments, corrections, and updates (with citations when possible) to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



Ronald H. Goldschmidt, MD
Director

&



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Director of Research and Evaluation

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The Warmline, PEPLine, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

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Definitions and Helpful Resources

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Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient's name is not recorded with test results.
- **Confidential** – Patient's name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.¹
 - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient's personal and social supports; (4) determining the patient's readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required.
 - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.¹
- **Name-based reporting** – Cases are reported by patient name (required in all states except HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.²
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.¹
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.³
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

Emergency Department Implementation Guide: <http://edhivtestguide.org/>

Prenatal HIV Testing Website: <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

For questions or comments about the compendium, contact NCCC: NCCCTemp@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at **800-933-3413**.

¹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

² <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

³ <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

Massachusetts

A Quick Reference Guide for Clinicians to Massachusetts HIV Testing Laws

January 27, 2009

This Quick Reference Guide for clinicians is a summary of relevant Massachusetts state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Massachusetts HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- Specific informed consent required; must be in writing (see *State Policies Relating to HIV Testing, 2009*, below, for exceptions).

Counseling

- Counseling of all HIV/AIDS patients to modify high-risk behavior is required.

Provisos of Testing

- **Anonymous**
 - Anonymous testing is available at designated anonymous testing sites.
- **Rapid**
 - No specific provisions regarding rapid testing were found.
- **Routine**
 - No specific provisions regarding routine testing were found.

Disclosure

- No specific provisions regarding the notification of partners or contacts were found.

Minor/Adolescent Testing

- Minors may consent to venereal disease testing and treatment, HIV not explicitly included.
- Physicians may, but are not required to, notify the parents of the HIV test result.

Massachusetts

Perinatal Quick Reference Guide:

A Guide to Massachusetts Perinatal HIV Testing Laws for Clinicians

January 27, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Massachusetts perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Massachusetts HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* (www.nccc.ucsf.edu), “Testing of pregnant women and/or newborns.”

Prenatal

- **Initial visit**
 - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
 - No specific provisions regarding third trimester prenatal testing were found.

Labor & Delivery

- No specific provisions regarding labor & delivery testing were found.

Neonatal

- No specific provisions regarding neonatal testing were found.

Other

- N/A

**Massachusetts
State Policies Relating to HIV Testing, 2009**

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General Laws of Massachusetts [MGL]

Title XVI: Public Health..... Pages 4-6
Title XVIII: Prisons, Imprisonment, Paroles, and Pardons..... Page 7

Code of Massachusetts Regulations [CMR]

Title 105: Department of Public Health..... Pages 8-11

	Policy Category	Type	Section Code(s)
RESTRICTIONS/ MANDATES	Restrictions on use of HIV test	Testing prohibited for employment/hiring purposes at health care facilities	16 MGL c. 111, § 70F
	Mandatory testing within the criminal justice system	Correctional institutions must check for presence of venereal diseases of each inmate incarcerated for 30 days or more	18 MGL § 16
	Mandatory testing outside of the criminal justice system	No related laws found	
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	Education of individuals receiving counseling/treatment in drug rehabilitation treatment programs	105 CMR 300.300
		Education of those receiving counseling/treatment at an STD clinic	105 CMR 300.300
		Education of those receiving Family planning/prenatal services	105 CMR 300.300
		Educational materials given to all individuals applying for a certificate of intention of marriage	105 CMR 300.300
	Informed consent	Specific informed consent required – written	16 MGL c. 111, § 70F
		Consent of exam and treatment by parent of a minor may be overlooked in an emergency	16 MGL § 12F
	Counseling requirements	HIV/AIDS cases shall receive counseling to modify sexual/ high-risk behavior	105 CMR 300.200

	Anonymous testing	Anonymous (at anonymous testing sites) and confidential testing available	16 MGL c. 111, § 70F 16 MGL c. 111, § 117 MA Dept. of Health
POST-TESTING	Disclosure/confidentiality	HIV reports confidential	16 MGL c. 111, § 70F 105 CMR 300.120
		Partner notification Disease Intervention Specialists	105 CMR 340.300
	Reporting	Name-based reporting	105 CMR 300.180
OTHER	Testing of pregnant women and/or newborns	Prenatal testing not required (Clinical Advisory sent to health care providers recommending that all women be offered testing in the first trimester of pregnancy)	105 CMR 300.300
	Testing of minors/adolescents	Minors may consent to treatment for venereal disease	16 MGL c. 111, § 117 16 MGL c. 111, § 12F
		Physician may, but is not required to, notify parents or guardians	16 MGL § 12
	Rapid HIV testing	DPH issued written guidelines in October 2005	105 CMR 300.180 (B), (C)
Training and education of health care providers	No related laws found		

Recommended Resources

The General Laws of Massachusetts

<http://www.mass.gov/legis/laws/mgl/>

Massachusetts State Legislature

<http://www.mass.gov/legis/>

Code of Massachusetts Regulations – Reportable Diseases

<http://www.mass.gov/Eeohhs2/docs/dph/regs/105cmr300.pdf>

Massachusetts Department of Public Health

<http://www.mass.gov/dph/>

Massachusetts HIV-AIDS Bureau

http://www.mass.gov/?pageID=eohhs2terminal&&L=5&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Public+Health&L4=Programs+and+Services+A+-+J&sid=Eeohhs2&b=terminalcontent&f=dph_aids_g_aids_landing&csid=Eeohhs2

Massachusetts HIV/AIDS Surveillance Program

<http://www.mass.gov/dph/cdc/aids/aidsprog.htm>

Massachusetts DPH – Reportable Diseases

http://www.mass.gov/dph/cdc/surveillance/reporting_and_surveillance.htm

Title XVI: Public Health

MA Title XVI Code §	Code Language
Ch. 111 § 6	<p>Power to define diseases deemed dangerous to public health; control and prevention</p> <p>Section 6. The department shall have the power to define, and shall from time to time define, what diseases shall be deemed to be dangerous to the public health, and shall make such rules and regulations consistent with law for the control and prevention of such diseases as it deems advisable for the protection of the public health. The department shall also have the power to define, and shall from time to time so define, what diseases shall be included within the term venereal diseases in the provisions of the laws relative to public health.</p>
Ch. 111 § 70F	<p>Confidentiality of HTLV-III Tests; Consent; Condition of Employment; Construction of "Written Informed Consent".</p> <p>No health care facility, as defined in section seventy E, and no physician or health care provider shall (1) test any person for the presence of the HTLV-III antibody or antigen without first obtaining his written informed consent; (2) disclose the results of such test to any person other than the subject thereof without first obtaining the subject's written informed consent; or (3) identify the subject of such tests to any person without first obtaining the subject's written informed consent.</p> <p>No employer shall require HTLV-III antibody or antigen tests as a condition for employment.</p> <p>Whoever violates the provisions of this section shall be deemed to have violated section two of chapter ninety-three A.</p> <p>For the purpose of this section "written informed consent" shall mean a written consent form for each requested release of the results of an individual's HTLV-III antibody or antigen test, or for the release of medical records containing such information. Such written consent form shall state the purpose for which the information is being requested and shall be distinguished from written consent for the release of any other medical information, and for the purpose of this section "HTLV-III test" shall mean a licensed screening antibody test for the human T-cell lymphotropic virus type III.</p>
Ch. 111 § 117	<p>Establishment and maintenance of clinics for treatment of venereal diseases; examinations; minors</p> <p>Section 117. For the purpose of providing treatment for persons suffering from venereal diseases, as defined under section six, and who are unable to pay for private medical care, the department shall, or with the co-operation of local boards of health, hospitals, dispensaries or other agencies may, establish and maintain clinics in such parts of the commonwealth as it may deem most advantageous to the public health,</p>

MA Title XVI Code §	Code Language
	<p>and may otherwise provide treatment for such diseases subject to such rules and regulations as the department may from time to time establish. Cities and towns, separately or jointly, through their boards of health or municipal hospitals, may establish and maintain such clinics. For the purposes of this section, providing treatment shall include providing transportation or the reasonable cost of such transportation to and from the place where treatment is given whenever the patient is not able to pay for such transportation.</p> <p>For the purposes of this section, physical examination and treatment by a registered physician or surgeon upon the person of a minor who voluntarily appears therefor, shall not constitute an assault or an assault and battery upon said person.</p>
Ch. 112 § 12F	<p>Exemption From Liability for Emergency Treatment of Minors Without Consent; Consent by Minor</p> <p>No physician, dentist or hospital shall be held liable for damages for failure to obtain consent of a parent, legal guardian, or other person having custody or control of a minor child, or of the spouse of a patient, to emergency examination and treatment, including blood transfusions, when delay in treatment will endanger the life, limb, or mental well-being of the patient.</p> <p>Any minor may give consent to his medical or dental care at the time such care is sought if (i) he is married, widowed, divorced; or (ii) he is the parent of a child, in which case he may also give consent to medical or dental care of the child; or (iii) he is a member of any of the armed forces; or (iv) she is pregnant or believes herself to be pregnant; or (v) he is living separate and apart from his parent or legal guardian, and is managing his own financial affairs; or (vi) he reasonably believes himself to be suffering from or to have come in contact with any disease defined as dangerous to the public health pursuant to section six of chapter one hundred and eleven; provided, however, that such minor may only consent to care which relates to the diagnosis or treatment of such disease.</p> <p>Consent shall not be granted under subparagraphs (ii) through (vi), inclusive, for abortion or sterilization.</p> <p>Consent given under this section shall not be subject to later disaffirmance because of minority. The consent of the parent or legal guardian shall not be required to authorize such care and, notwithstanding any other provisions of law, such parent or legal guardian shall not be liable for the payment for any care rendered pursuant to this section unless such parent or legal guardian has expressly agreed to pay for such care.</p> <p>No physician or dentist, nor any hospital, clinic or infirmary shall be liable, civilly and criminally, for not obtaining the consent of the parent or legal</p>

MA Title XVI Code §	Code Language
	<p>guardian to render medical or dental care to a minor, if, at the time such care was rendered, such person or facility: (i) relied in good faith upon the representations of such minor that he is legally able to consent to such treatment under this section; or (ii) relied in good faith upon the representations of such minor that he is over eighteen years of age.</p> <p>All information and records kept in connection with the medical or dental care of a minor who consents thereto in accordance with this section shall be confidential between the minor and the physician or dentist, and shall not be released except upon the written consent of the minor or a proper judicial order. When the physician or dentist attending a minor reasonably believes the condition of said minor to be so serious that his life or limb is endangered, the physician or dentist shall notify the parents, legal guardian or foster parents of said condition and shall inform the minor of said notification.</p>

Title XVIII: Prisons, Imprisonment, Pardons, and Pardons

MA Title XVIII Code §	Code Language
Ch. 127 § 16	<p>Physical Examination of Prisoners.</p> <p>The superintendents of the correctional institutions of the commonwealth, and the keepers and superintendents of jails and houses of correction shall cause a thorough physical examination to be made by a competent physician of each inmate in their respective institutions committed for a term of thirty days' imprisonment or more. In conducting the examination special attention shall be given to determining the presence of communicable diseases, particularly venereal diseases as defined under section six of chapter one hundred and eleven and pulmonary tuberculosis.</p>

Massachusetts Code of Regulations – Title 105: Department of Public Health

Title 105 CMR	Code Language
300.020	<p>Definitions</p> <p>The terms used in 105 CMR 300.000 shall be interpreted as follows unless the context or subject matter clearly requires a different interpretation.</p> <p>Laboratory Test Diagnostic of HIV Infection. A laboratory test approved for clinical use by the U.S. Food and Drug Administration that indicates the presence of antibody to HIV, HIV structural components, or HIV ribonucleic acid in blood and other body fluid.</p> <p>Report of a Disease. An official notice to the appropriate authority of the occurrence of a specified disease in people or animals, directly by telephone, in writing, by facsimile, or by electronic means.</p>
300.120	<p>Confidentiality</p> <p>(A) All personally identifying information, whether kept in an electronic system or paper format, including but not limited to, reports of disease, records of interviews, written or electronic reports, statements, notes, and memoranda, about any individual that is reported to or collected by the Department or local boards of health pursuant to 105 CMR 300.000 <i>et seq.</i>, shall be protected by persons with knowledge of such identity. Except when necessary for disease investigation, control, treatment and prevention purposes, the Department and local boards of health shall not disclose any personally identifying information without the individual's written consent. Only those Department and local board of health employees who have a specific need to review personal data records for lawful purposes of the Department or local board of health shall be entitled access to such records. The Department and local boards of health shall ensure that all paper records and electronic data systems relating to information that is reported to or collected by the Department or local boards of health pursuant to 105 CMR 300.000 <i>et seq.</i> are kept secure and, to the greatest extent practical, kept in controlled access areas.</p> <p>(B) Notwithstanding 105 CMR 300.120 (A), the Department shall not disclose to the federal government, the Commonwealth or any of its political subdivisions or any agency, agent, or contractor of said Commonwealth or federal government, the identity of any individual with HIV or AIDS reported to the Department under 105 CMR 300.000.</p>
300.180	<p>Diseases Reportable Directly to the Department</p> <p>(C) The following diseases shall be reported directly to the Department by physicians and other health care provider, laboratories and other</p>

Title 105 CMR	Code Language											
	<p>officials designated by the Department, in a written or electronic format as designated by the Department. Each report shall include, at a minimum, the case name and address, date of birth, gender, and the name and telephone number of the person reporting the case and shall be submitted no more than 24 hours after diagnosis or identification.</p> <p>Acquired immunodeficiency syndrome (AIDS) Human Immunodeficiency Virus (HIV): HIV infection as determined by a laboratory test diagnostic of HIV infection</p> <p>Department specified evidence of a diagnosis of HIV infection or of AIDS shall be reported by laboratories in a manner separate from all other laboratory reports sent to the Department and shall be submitted directly to the HIV/AIDS Surveillance Program, as required by that program.</p>											
300.200	<p>Isolation and Quarantine Requirements</p> <p>Upon the report of a case or suspected case of disease declared dangerous to the public health, the local board of health and the Department are authorized to implement and enforce the requirements outlined in 105 CMR 300.200. Minimum requirements for the isolation and quarantine of diseases dangerous to the public health are set forth in the following table. Depending on the specific circumstances related to the exposure, case and or contact, additional measures may be required.</p> <p>B) Diseases Reportable Directly to the Department of Public Health</p> <table border="1" data-bbox="428 1142 1437 1692"> <thead> <tr> <th data-bbox="428 1142 698 1241">Disease</th> <th data-bbox="698 1142 1105 1241">Minimum Period of Isolation of Patient</th> <th data-bbox="1105 1142 1437 1241">Minimum Period of Quarantine of Contacts</th> </tr> </thead> <tbody> <tr> <td data-bbox="428 1241 698 1467">Acquired immunodeficiency syndrome (AIDS)</td> <td data-bbox="698 1241 1105 1467">No restrictions except for appropriate exclusion from blood and organ donation. Case shall receive counseling to modify sexual and other high-risk activities.</td> <td data-bbox="1105 1241 1437 1467">For sexual contacts, counseling to modify sexual and other high-risk activities. Otherwise, contact health authorities for latest information.</td> </tr> <tr> <td data-bbox="428 1467 698 1692">HIV infection</td> <td data-bbox="698 1467 1105 1692">No restrictions except for appropriate exclusion from blood and organ donation. Case shall receive counseling to modify sexual and other high-risk activities.</td> <td data-bbox="1105 1467 1437 1692">For sexual contacts, counseling to modify sexual and other high-risk activities. Otherwise, contact health authorities for latest information.</td> </tr> </tbody> </table>			Disease	Minimum Period of Isolation of Patient	Minimum Period of Quarantine of Contacts	Acquired immunodeficiency syndrome (AIDS)	No restrictions except for appropriate exclusion from blood and organ donation. Case shall receive counseling to modify sexual and other high-risk activities.	For sexual contacts, counseling to modify sexual and other high-risk activities. Otherwise, contact health authorities for latest information.	HIV infection	No restrictions except for appropriate exclusion from blood and organ donation. Case shall receive counseling to modify sexual and other high-risk activities.	For sexual contacts, counseling to modify sexual and other high-risk activities. Otherwise, contact health authorities for latest information.
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HIV infection	No restrictions except for appropriate exclusion from blood and organ donation. Case shall receive counseling to modify sexual and other high-risk activities.	For sexual contacts, counseling to modify sexual and other high-risk activities. Otherwise, contact health authorities for latest information.										
300.300	<p>Required AIDS Education</p> <p>(A) All individuals:</p> <p>(1) Receiving counseling or treatment at a drug rehabilitation treatment program either licensed or approved by the Department pursuant to</p>											

Title 105 CMR	Code Language
	<p>M.G.L. c. 111E, or located in a licensed general hospital;</p> <p>(2) Receiving counseling or treatment at a sexually transmitted disease (STD) clinic established pursuant to M.G.L. c. 111, § 117; or</p> <p>(3) Receiving family planning or pre-natal services; shall be given and have appropriately discussed with them educational materials which have been developed and distributed by the Department regarding the causes, treatment, prevention, symptoms and transmission of AIDS.</p> <p>(B) It shall be the responsibility of the Director (or the individual occupying a position with the responsibilities similar to a director) or his or her designee at each drug rehabilitation treatment program and STD clinic to ensure that the AIDS educational materials are properly dispensed and appropriately discussed with each individual receiving counseling or treatment at their clinic. Further, it shall be the responsibility of such Director (or the individual occupying a position with the responsibilities similar to a director), or his or her designee to maintain in conformity with the laws concerning confidentiality of such records, for each individual receiving counseling or treatment at such clinics, written documentation that each such individual has received and has had appropriately explained to him or her the content of the AIDS educational materials.</p> <p>(C) It shall be the responsibility of the primary pre-natal or family planning provider, or his or her designee, to dispense and appropriately discuss the AIDS educational materials with those individuals he or she treats or counsels regarding family planning or pre-natal services. Further, it shall be the responsibility of the primary pre-natal or family planning provider, or his or her designee, to maintain written documentation that the AIDS educational materials have been properly dispensed and appropriately discussed with each individual the primary care provider has counseled or treated regarding pre-natal care or family planning. For the purposes of 105 CMR 300.000, "pre-natal services" shall mean those medical services relating to the monitoring and fostering of the health of the mother and fetus. For the purposes of 105 CMR 300.000, "family planning services" shall mean those services concerning the counseling of individuals on the subject of contraception and reproduction.</p> <p>For the purposes of 105 CMR 300.000, "primary pre-natal or family planning provider" shall mean a physician, certified nurse mid-wife, or OB/GYN nurse practitioner.</p> <p>(D) All individuals applying for a certificate of intention of marriage pursuant to M.G.L. c. 207, §. 28A shall be given AIDS educational materials which have been developed and distributed by the Department. The Department shall provide the AIDS educational materials to the clerks or registrars responsible for issuing a certificate of intention of marriage pursuant to M.G.L. c. 207, § 28 who shall distribute a copy of</p>

Title 105 CMR	Code Language
	<p>the materials to all applicants for a marriage license. Such clerks and registrars shall not be responsible for discussing the AIDS educational materials with marriage license applicants.</p> <p>E) Nothing in 105 CMR 300.000 shall require that individuals receiving treatment or counseling at an STD or drug rehabilitation treatment program, or receiving family planning or pre-natal services or individuals seeking a certificate of intention of marriage, be tested for evidence of infection with the human immunodeficiency virus.</p>
340.300	<p>Department Action Regarding Contacts</p> <p>STD case investigators of the Department, known as Disease Intervention Specialists (DIS), shall, with each client's cooperation, interview STD cases to elicit information identifying each client's contacts who would have likely been exposed to the STD. The DIS will then offer assistance to the client to ensure that each partner is notified and brought into medical care for evaluation and preventive or curative treatment. The DIS shall ensure either that the client notifies each partner or that the DIS directly notifies each partner.</p>