

Kentucky

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April 8, 2011

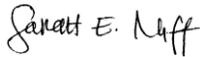
To the Reader:

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 updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



Sarah E. Neff, MPH
Director of Research and Evaluation

&



Ronald H. Goldschmidt, MD
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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: neffs@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>

Kentucky

A Quick Reference Guide for Clinicians to Kentucky HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant Kentucky 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 Kentucky HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- HIV testing is included in general medical consent (see *State Policies Relating to HIV Testing, 2011*, below, for exceptions).

Counseling

- Post-test counseling is required with HIV positive test results.

Provisos of Testing

- **Anonymous**
 - Testing must be available anonymously.
 - Anonymous testing is available at designated anonymous testing sites.
- **Rapid**
 - A confirmatory test is required before notifying the patient of HIV test results.
- **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 STD testing and treatment, HIV not explicitly included.

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Perinatal Quick Reference Guide:

A Guide to Kentucky Perinatal HIV Testing Laws for Clinicians

April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Kentucky 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 Kentucky 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

Kentucky State Policies Relating to HIV Testing, 2011

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Kentucky Administrative Regulations [KAR]

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	Policy Category	Type	Section Code(s)
RESTRICTION/MANDATES	Restrictions on use of HIV test	Testing prohibited for employment/hiring purposes, unless able to prove that HIV status is a bona fide qualification	17 KRS §207.135
	Mandatory testing within the criminal justice system	Convicted sexual offenders	50 KRS §510.320
		Persons convicted of prostitution charges	50 KRS §529.090
		Inmate testing in cases of exposure	40 KRS §438.250
		Inmates who participate in high-risk activities	17 KRS §197.055
	Mandatory testing outside of the criminal justice system	Juveniles charged with certain sex offenses	51 KRS §635.110
		Blood, organs, and human tissue donations	18 KRS §214.452
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	Residents of a health care facility in cases of exposure	40 KRS §438.250
		Each county must offer voluntary HIV testing	18 KRS §214.181
		Department of Public Health is required to post current information on HIV testing	18 KRS §214.610
		Each state employee shall receive an informational pamphlet on HIV/AIDS annually	3 KRS §18A.030

POST-TEST		Post-secondary education institutes in the state shall provide freshmen and transfer students with HIV/AIDS information	13 KRS §164.351
	Informed consent	General consent is sufficient	18 KRS §214.181
		Exceptions to required consent	18 KRS §214.181
		Consent required for blood donors	18 KRS §214.452
		Written informed consent is required for insurance testing	25 KRS §304.12-013
		Written informed consent required for donations of organs, skin, or other human tissue	26 KRS §311.281
	Counseling requirements	Mandated post-test counseling with HIV positive test result	18 KRS §214.181
	Anonymous testing	County departments of health must sponsor anonymous testing sites	18 KRS §214.181 18 KRS §214.645
	Disclosure/confidentiality	HIV test results as confidential	18 KRS §214.420
		Preliminary positive results of HIV rapid test may be disclosed to patient with an explanation of meaning and importance of confirmatory test and of precautions in reducing risk of transmission while awaiting confirmatory test results	18 KRS §214.181
Exceptions to confidentiality		18 KRS §214.181 26 KRS §311.282	
Penalties for unauthorized disclosure of HIV results		18 KRS §214.995	
Reporting		Name-based reporting	18 KRS §214.181 902 KAR 2:020
	Reporting system surveillance, assessment, and restrictions	18 KRS §214.645	
OTHER	Testing of pregnant women and/or newborns	No related laws found	
	Testing of minors/adolescents	Minors may consent to treatment for venereal disease	18 KRS §214.185
	Rapid HIV testing	Confirmatory test required before notifying patient of results	18 KRS §214.181
	Training and education of health care providers	HIV testing site directors must complete HIV training course	18 KRS §214.181 902 KAR 2:140
		Social work and health care workers must complete an educational course including	18 KRS §214.610

	information on HIV	
	Paramedics, first responders, and EMTs must undergo HIV training	26 KRS §311A.210

Recommended Resources

Kentucky Legislature: Kentucky Revised Statutes

<http://www.lrc.state.ky.us/statrev/frontpg.htm>

Kentucky Administrative Regulations

<http://www.lrc.ky.gov/kar/frntpage.htm>

Kentucky Cabinet for Health and Family Services

<http://chfs.ky.gov/>

Title III: Executive Branch

KY Title III Code §	Code Language
§ 18A.030	Duties of secretary. (5) The secretary shall provide to each new state employee and to each existing state employee, classified or otherwise, on an annual basis an informational pamphlet about human immunodeficiency virus infection and acquired immunodeficiency syndrome. The pamphlet shall be approved by the Cabinet for Health and Family Services and shall contain information about the nature and extent of these diseases, methods of transmission, preventive measures, and referral services.

Title XIII: Education

KY Title XIII Code §	Code Language
§ 164.351	<p>Information on preventing transmission of HIV infection to be made available to freshmen and transfer students.</p> <p>(1) State colleges and universities and the Kentucky Community and Technical College System shall provide information on how to prevent the transmission of the human immunodeficiency virus consistent with the Centers for Disease Control guidelines, to all freshmen and transfer students.</p> <p>(2) Each state technical institution, community college, or university shall inform students of the name and telephone number of a technical institution, community college, college, or university counselor trained to counsel persons about the human immunodeficiency virus.</p>

Title XVII: Economic Security and Public Welfare

KY Title XVII Code §	Code Language
§ 197.055	<p>Education program on AIDS - Policies for inmates - Testing program.</p> <p>(1) The Department of Corrections, in conjunction with the Cabinet for Health and Family Services, shall establish a mandatory introductory and continuing education program on human immunodeficiency virus and acquired immunodeficiency syndrome for all inmates. Programs shall be specifically designed for inmates while incarcerated and in preparation for release into the community. Consideration shall be given to cultural and other relevant differences among inmates in the development of educational materials and shall include emphasis on behavior and attitude change. The education program shall be continuously updated to reflect the latest medical information available.</p> <p>(2) If there is evidence that an inmate, while in the custody of the department, has engaged in behavior which places the inmate at a high risk of transmitting or contracting a human immunodeficiency disorder, the department shall begin a testing program which is consistent with guidelines of the Centers for Disease Control and recommendations of the correctional medical authority and shall target persons who have been involved in or reasonably thought to have been involved in a high-risk behavior. For purposes of this subsection, "high-risk behavior" includes:</p> <ul style="list-style-type: none"> (a) Sexual contact with any person within the institution; (b) The use of intravenous drugs; (c) Tattooing; and (d) Any other activity medically known to transmit the virus. <p>(3) The results of the tests shall become a part of that inmate's medical file, accessible only to persons designated by agency administrative regulations.</p> <p>(4) The department shall establish policies consistent with guidelines of the Centers for Disease Control and recommendations of the correctional medical authority on the housing, physical contact, dining, recreation, and exercise hours or locations for inmates with immunodeficiency disorders as are medically indicated and consistent with the proper operation of its facilities.</p> <p>(5) The department shall report to the General Assembly by July 1 each year as to the implementation of this program and the participation by inmates and staff.</p> <p>(6) If an inmate is involved in a situation with a department employee which could result, according to the institution's physician, in the transmission of the human immunodeficiency virus infection, the inmate shall be tested.</p>

KY Title XVII Code §	Code Language
	(7) All testing procedures, disclosure, and payment shall be pursuant to KRS 438.250.
§ 199.520	<p>Judgment -- Prerequisites -- Orders -- Name and legal status of child -- Health history and other nonidentifying information of biological parents and relatives to be given to adoptive parents</p> <p>(1) After hearing the case, the court shall enter a judgment of adoption, if it finds that the facts stated in the petition were established; that all legal requirements, including jurisdiction, relating to the adoption have been complied with; that the petitioners are of good moral character, of reputable standing in the community and of ability to properly maintain and educate the child; and that the best interest of the child will be promoted by the adoption and that the child is suitable for adoption. In the judgment, the name of the child shall be changed to conform with the prayer of the petition. The judgment and all orders required to be entered and recorded in the order book, including the caption, shall contain only the names of the petitioners and the proposed adopted name of the child, without any reference to its former name or the names of its birth parents.</p> <p>(2) Upon entry of the judgment of adoption, from and after the date of the filing of the petition, the child shall be deemed the child of petitioners and shall be considered for purposes of inheritance and succession and for all other legal considerations, the natural child of the parents adopting it the same as if born of their bodies. Upon granting an adoption, all legal relationship between the adopted child and the biological parents shall be terminated except the relationship of a biological parent who is the spouse of an adoptive parent.</p> <p>(3) The clerk of the court shall notify the cabinet of any action of the court with respect to entering a judgment granting an adoption, the amendment of an adoption, or the denial or dismissal of a petition for adoption.</p> <p>(4) (a) The health history and other nonidentifying background information of biological parents and blood relatives of the adopted person, in writing, on a standardized form, provided by the cabinet, if known, shall be given by the cabinet or child-placing agency which has the information to the adoptive parents and to the Circuit Court not later than the date of finalization of the adoption proceedings. This information shall include the results of any tests for HIV or hepatitis A, B, and C; and</p> <p>(b) The information provided for in paragraph (a) of this subsection, if known, shall, upon the request in person or in writing of the adult adopted person be made available in writing to that person. The information shall not be made available if it is of a nature that would tend to identify the biological parents of the adopted person except as provided in KRS 199.570 and 199.572.</p>

KY Title XVII Code §	Code Language
§ 207.135	<p>Protections available to persons with HIV -- Employment discrimination prohibited</p> <p>(1) Any person with acquired immunodeficiency syndrome, acquired immunodeficiency syndrome related complex, or human immunodeficiency virus shall have every protection made available to individuals with disabilities under KRS 207.130 to 207.240 and Section 504, Public Law No. 93-112, the Rehabilitation Act of 1973.</p> <p>(2) (a) No person may require an individual to take a human immunodeficiency virus related test as a condition of hiring, promotion, or continued employment, unless the absence of human immunodeficiency virus infection is a bona fide occupational qualification for the job in question.</p> <p>(b) A person who asserts that a bona fide occupational qualification exists for human immunodeficiency virus-related testing shall have the burden of proving that:</p> <ol style="list-style-type: none"> 1. The human immunodeficiency virus-related test is necessary to ascertain whether an employee is currently able to perform in a reasonable manner the duties of the particular job or whether an employee will present a significant risk of transmitting human immunodeficiency virus infection to other persons in the course of normal work activities; and 2. There exists no means of reasonable accommodation short of requiring the test. <p>(3) (a) A person shall not discriminate against an otherwise qualified individual in housing, public accommodations, or governmental services on the basis of the fact that such individual is, or is regarded as being, infected with human immunodeficiency virus.</p> <p>(b) A person or other entity receiving or benefiting from state financial assistance shall not discriminate against an otherwise qualified individual on the basis of the fact that such individual is, or is regarded as being, infected with human immunodeficiency virus.</p> <p>(c) A person who asserts that an individual who is infected with human immunodeficiency virus is not otherwise qualified shall have the burden of proving that no reasonable accommodation can be made to prevent the likelihood that the individual will, under the circumstances involved, expose other individuals to a significant possibility of being infected with human immunodeficiency virus.</p> <p>(d) No person shall fail or refuse to hire or discharge any individual, segregate or classify any individual in any way which would deprive or tend to deprive that individual of employment opportunities or adversely affect his or her status as an employee, or otherwise discriminate against any individual with respect to compensation, terms, conditions, or privileges of employment on the basis of the fact that the individual is a licensed health care professional who treats or provides patient care to persons infected with human immunodeficiency virus.</p>

Title XVIII: Public Health

KY Title XVIII Code §	Code Language
§ 214.181 (also see § 214.625)	<p>Legislative findings -- General consent to testing for HIV -- Emergency procedures -- Disclosures of test results -- Voluntary testing programs in each county</p> <p>(1) The General Assembly finds that the use of tests designed to reveal a condition indicative of human immunodeficiency virus (HIV) infection can be a valuable tool in protecting the public health. The General Assembly finds that knowledge of HIV status is increasingly important for all persons since treatment using antiretroviral medications can slow disease progression, prolong and improve the lives of HIV-positive individuals, and reduce the likelihood of perinatal mother-to-child. Many members of the public are deterred from seeking testing because they misunderstand the nature of the test or fear that test results will be disclosed without their consent. The General Assembly finds that the public health will be served by facilitating informed, voluntary, and confidential use of tests designed to detect human immunodeficiency virus infection.</p> <p>(2) A person who has signed a general consent form for the performance of medical procedures and tests is not required to also sign or be presented with a specific consent form relating to medical procedures or tests to determine human immunodeficiency virus infection, antibodies to human immunodeficiency virus, or infection with any other causative agent of acquired immunodeficiency syndrome that will be performed on the person during the time in which the general consent form is in effect. However, a general consent form shall instruct the patient that, as part of the medical procedures or tests, the patient may be tested for human immunodeficiency virus infection, hepatitis, or any other blood-borne infectious disease if a doctor or advanced practice registered nurse orders the test for diagnostic purposes. Except as otherwise provided in subsection (5)(c) of this section, the results of a test or procedure to determine human immunodeficiency virus infection, antibodies to human immunodeficiency virus, or infection with any probable causative agent of acquired immunodeficiency syndrome performed under the authorization of a general consent form shall be used only for diagnostic or other purposes directly related to medical treatment.</p> <p>(3) In any emergency situation where informed consent of the patient cannot reasonably be obtained before providing health-care services, there is no requirement that a health-care provider obtain a previous informed consent.</p> <p>(4) The physician or advanced practice registered nurse who orders the test pursuant to subsections (1) and (2) of this section, or the attending physician, shall be responsible for informing the patient of the results of the test if the test results are positive for human immunodeficiency virus infection. If the tests are positive, the physician or advanced practice registered nurse shall also be responsible for either:</p> <p>(a) Providing information and counseling to the patient concerning his</p>

KY Title XVIII Code §	Code Language
	<p>infection or diagnosis and the known medical implications of such status or condition; or</p> <p>(b) Referring the patient to another appropriate professional or health-care facility for the information and counseling.</p> <p>(5) (a) No person in this state shall perform a test designed to identify the human immunodeficiency virus, or its antigen or antibody, without first obtaining the informed consent of the person upon whom the test is being performed, except as specified in subsections (2) and (3) of this section.</p> <p>(b) No test result shall be determined as positive, and no positive test result shall be revealed to any person, without corroborating or confirmatory tests being conducted.</p> <p>(c) 1. Nothing in this subsection shall be construed as prohibiting the disclosure to the patient of preliminary positive results from HIV rapid tests, if results are delivered with an explanation of the following:</p> <ol style="list-style-type: none"> a. The meaning of a reactive rapid test; b. The importance of confirmatory testing; and c. The importance of taking precautions to reduce the risk of infecting others while awaiting the results of confirmatory testing. <p>2. In special cases where immediate actions may be necessary to protect a patient, such as potential perinatal transmission or incidents warranting post-exposure prophylaxis, a preliminary positive result from a HIV rapid test may be disclosed to the patient and used as a basis to recommend options for prophylaxis or treatment</p> <p>(d) No person who has obtained or has knowledge of a test result pursuant to this section shall disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of the test in a manner which permits identification of the subject of the test, except to the following persons:</p> <ol style="list-style-type: none"> 1. The subject of the test or the subject's legally authorized representative; 2. Any person designated in a legally effective release of the test results executed prior to or after the test by the subject of the test or the subject's legally authorized representative; 3. A physician, nurse, or other health-care personnel who has a legitimate need to know the test result in order to provide for his protection and to provide for the patient's health and welfare; 4. Health-care providers consulting between themselves or with health-care facilities to determine diagnosis and treatment; 5. The cabinet, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by state law; 6. A health facility or health-care provider which procures, processes, distributes, or uses: <ol style="list-style-type: none"> a. A human body part from a deceased person, with respect to medical information regarding that person; or b. Semen provided prior to the effective date of this section for the purpose of artificial insemination; 7. Health facility staff committees, for the purposes of conducting program monitoring, program evaluation, or service reviews;

KY Title XVIII Code §	Code Language
	<p>8. Authorized medical or epidemiological researchers who shall not further disclose any identifying characteristics or information;</p> <p>9. A person allowed access by a court order that is issued in compliance with the following provisions:</p> <p style="padding-left: 2em;">a. No court of this state shall issue an order to permit access to a test for human immunodeficiency virus performed in a medical or public health setting to any person not authorized by this section or by KRS 214.420. A court may order an individual to be tested for human immunodeficiency virus only if the person seeking the test results has demonstrated a compelling need for the test results which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for testing and disclosure against the privacy interest of the test subject and the public interest which may be disserved by disclosure which deters blood, organ, and semen donation and future human-immunodeficiency-virus-related testing or which may lead to discrimination. This paragraph shall not apply to blood bank donor records;</p> <p style="padding-left: 2em;">b. Pleadings pertaining to disclosure of test results shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be communicated confidentially, in documents not filed with the court;</p> <p style="padding-left: 2em;">c. Before granting any order, the court shall provide the individual whose test result is in question with notice and a reasonable opportunity to participate in the proceedings if he or she is not already a party;</p> <p style="padding-left: 2em;">d. Court proceedings as to disclosure of test results shall be conducted in camera, unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice;</p> <p style="padding-left: 2em;">e. Upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may have access to the information, the purposes for which the information shall be used, and appropriate prohibitions on future disclosure.</p> <p>No person to whom the results of a test have been disclosed shall disclose the test results to another person except as authorized by this subsection. When disclosure is made pursuant to this subsection, it shall be accompanied by a statement in writing that includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure shall be accompanied by oral notice and followed by a written notice within ten (10) days.</p> <p>(6) (a) The Cabinet for Health Services shall establish a network of voluntary human immunodeficiency virus testing programs in every county in the state. These programs shall be conducted in each public</p>

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	<p>health department established under the provisions of KRS Chapter 212. Additional programs may be contracted to other private providers to the extent that finances permit and local circumstances dictate.</p> <p>(b) Each public health department shall have the ability to provide counseling and testing for the human immunodeficiency virus to each patient who receives services and shall offer the testing on a voluntary basis to each patient who requests the test.</p> <p>(c) Each public health department shall provide a program of counseling and testing for human immunodeficiency virus infection, on an anonymous or confidential basis, dependent on the patient's desire. If the testing is performed on an anonymous basis, only the statistical information relating to a positive test for human immunodeficiency virus infection shall be reported to the cabinet. If the testing is performed on a confidential basis, the name and other information specified under KRS 214.645 shall be reported to the cabinet. The cabinet shall continue to provide for anonymous testing and counseling.</p> <p>(d) The result of a serologic test conducted under the auspices of the cabinet shall not be used to determine if a person may be insured for disability, health, or life insurance or to screen or determine suitability for, or to discharge a person from, employment. Any person who violates the provisions of this subsection shall be guilty of a Class A misdemeanor.</p> <p>(7) No public health department and no other private or public facility shall be established for the primary purpose of conducting a testing program for acquired immunodeficiency syndrome, acquired immunodeficiency syndrome related complex, or human immunodeficiency virus status without first registering with the cabinet, complying with all other applicable provisions of state law, and meeting the following requirements:</p> <p>(a) The program shall be directed by a person who has completed an educational course approved by the cabinet in the counseling of persons with acquired immunodeficiency syndrome, acquired immunodeficiency syndrome related complex, or human immunodeficiency virus infection;</p> <p>(b) The program shall have all medical care supervised by a physician licensed under the provisions of KRS Chapter 311;</p> <p>(c) The program shall have all laboratory procedures performed in a laboratory licensed under the provisions of KRS Chapter 333;</p> <p>(d) Informed consent shall be required prior to testing. Informed consent shall be preceded by an explanation of the test, including its purpose, potential uses, and limitations and the meaning of its results;</p> <p>(e) The program, unless it is a blood donor center, shall provide pretest counseling on the meaning of a test for human immunodeficiency virus, including medical indications for the test; the possibility of false positive or false negative results; the potential need for confirmatory testing; the potential social, medical, and economic consequences of a positive test result; and the need to eliminate high-risk behavior;</p> <p>(f) The program shall provide supplemental corroborative testing on all positive test results before the results of any positive test is provided to the patient;</p> <p>(g) The program shall provide post-test counseling, in person, on the</p>

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	<p>meaning of the test results; the possible need for additional testing; the social, medical, and economic consequences of a positive test result; and the need to eliminate behavior which might spread the disease to others;</p> <p>(h) Each person providing post-test counseling to a patient with a positive test result shall receive specialized training, to be specified by regulation of the cabinet, about the special needs of persons with positive results, including recognition of possible suicidal behavior, and shall refer the patient for further health and social services as appropriate;</p> <p>(i) When services are provided for a charge during pretest counseling, testing, supplemental testing, and post-test counseling, the program shall provide a complete list of all charges to the patient and the cabinet; and</p> <p>(j) Nothing in this subsection shall be construed to require a facility licensed under KRS Chapter 333 or a person licensed under the provisions of KRS Chapters 311, 312, or 313 to register with the cabinet if he or she does not advertise or hold himself or herself out to the public as conducting testing programs for human immunodeficiency virus infection or specializing in such testing.</p> <p>(8) Any violation of this section by a licensed health-care provider shall be a ground for disciplinary action contained in the professional's respective licensing chapter.</p> <p>(9) Except as provided in subsection (6)(d) of this section, insurers and others participating in activities related to the insurance application and underwriting process shall be exempt from this section.</p> <p>(10) The cabinet shall develop program standards consistent with the provisions of this section for counseling and testing persons for the human immunodeficiency virus.</p>
§ 214.185	<p>Diagnosis and treatment of disease, addictions, or other conditions of minor.</p> <p>(1) Any physician, upon consultation by a minor as a patient, with the consent of such minor may make a diagnostic examination for venereal disease, pregnancy, alcohol or other drug abuse or addiction and may advise, prescribe for, and treat such minor regarding venereal disease, alcohol and other drug abuse or addiction, contraception, pregnancy, or childbirth, all without the consent of or notification to the parent, parents, or guardian of such minor patient, or to any other person having custody of such minor patient. Treatment under this section does not include inducing of an abortion or performance of a sterilization operation. In any such case, the physician shall incur no civil or criminal liability by reason of having made such diagnostic examination or rendered such treatment, but such immunity shall not apply to any negligent acts or omissions.</p> <p>(2) Any physician may provide outpatient mental health counseling to any child age sixteen (16) or older upon request of such child without the consent of a parent, parents, or guardian of such child.</p>

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	<p>(3) Notwithstanding any other provision of the law, and without limiting cases in which consent may be otherwise obtained or is not required, any emancipated minor or any minor who has contracted a lawful marriage or borne a child may give consent to the furnishing of hospital, medical, dental, or surgical care to his or her child or himself or herself and such consent shall not be subject to disaffirmance because of minority. The consent of the parent or parents of such married or emancipated minor shall not be necessary in order to authorize such care. For the purpose of this section only, a subsequent judgment of annulment of marriage or judgment of divorce shall not deprive the minor of his adult status once obtained. The provider of care may look only to the minor or spouse for payment for services under this section unless other persons specifically agree to assume the cost.</p> <p>(4) Medical, dental, and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.</p> <p>(5) The consent of a minor who represents that he may give effective consent for the purpose of receiving medical, dental, or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.</p> <p>(6) The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, informing the parent or guardian would benefit the health of the minor patient.</p> <p>(7) Except as otherwise provided in this section, parents, the Cabinet for Health and Family Services, or any other custodian or guardian of a minor shall not be financially responsible for services rendered under this section unless they are essential for the preservation of the health of the minor.</p>
§ 214.420	<p>Records declared confidential -- Application.</p> <p>(1) The General Assembly hereby declares that confidentiality is essential for the proper administration and operation of sexually transmitted disease control activities in this state and that the principle of confidentiality must remain inviolate.</p> <p>(2) All information, records, and reports in the possession of local health departments or the Cabinet for Health and Family Services and which concern persons infected with or suspected of being infected with or tested for or identified in an epidemiologic investigation for sexually transmitted disease are hereby declared to be strictly confidential and</p>

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	<p>only personnel of local health departments and the Cabinet for Health and Family Services who are assigned to sexually transmitted disease control activities shall have access to such information, records, and reports.</p> <p>(3) Nothing in this section shall be construed as preventing:</p> <p>(a) The release of medical information to the physician retained by the person infected with or suspected of being infected with a sexually transmitted disease;</p> <p>(b) The release of medical or epidemiological data or information for statistical purposes in a manner so that no individual person can be identified;</p> <p>(c) The release of medical information with the written consent of all persons identified in the information to be released;</p> <p>(d) The release of medical or epidemiological information necessary to enforce the provision of the rules and regulations of the Cabinet for Health and Family Services, issued pursuant to KRS Chapter 13A, relating to the control and treatment of sexually transmitted disease; and</p> <p>(e) The release of medical information made to medical personnel in a medical emergency to the extent necessary to protect the health or life of the name party.</p>
§ 214.452	<p>Blood establishments to be federally licensed -- Inspection fees -- Donor conditions -- Forms -- Sign posting</p> <p>The following policies shall apply to blood establishments and to donors of blood:</p> <p>(1) All blood establishments within the Commonwealth shall be licensed by the United States Food and Drug Administration and remain in compliance with all applicable federal regulations. The Cabinet for Health Services shall, under administrative regulations promulgated pursuant to KRS Chapter 13A, establish fees necessary to cover the cost of and adhere to a schedule for regular inspection, by the Office of the Inspector General of the Cabinet for Health Services, of all blood establishments within the Commonwealth to ascertain whether each blood establishment is licensed and in compliance with KRS 214.450 to 214.464 and KRS 214.468. The Office of the Inspector General shall commence its inspection program of blood establishments no later than September 1, 1994. The Office of the Inspector General of the Cabinet for Health Services shall annually, by no later than September 1, submit a written report to the Interim Joint Committee on Health and Welfare on the compliance of blood establishments with KRS 214.450 to 214.464 and KRS 214.468.</p> <p>(2) All blood establishments shall test blood for the human immunodeficiency virus and for any known causative agent for any blood-borne communicable disease, using tests approved and required, for purposes of blood donation, by the United States Food and Drug Administration.</p>

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	<p>(3) It shall be the duty of the administrator of any blood establishment which collects blood for the purpose of distributing to another health service, health facility, or health-care provider the blood for transfusion to:</p> <p>(a) Secure donor consent and a signed written risk factor history and donor consent form for each potential paid or volunteer donor for the purpose of determining if the potential donor is at high risk for infection with the human immunodeficiency virus, or has tested confirmatory positive for infection with the human immunodeficiency virus; or has acquired immune deficiency syndrome; or has tested confirmatory positive for infection with any causative agent for acquired immune deficiency syndrome recognized by the United States Centers for Disease Control; or has a blood-borne communicable disease;</p> <p>(b) Provide a means for a potential donor to self-elect not to donate blood;</p> <p>(c) Refuse donation or sale of blood by persons at high risk for infection with the human immunodeficiency virus, or who have been medically diagnosed as having acquired immune deficiency syndrome, or who have tested confirmatory positive for infection with the human immunodeficiency virus, or who have a blood-borne communicable disease;</p> <p>(d) Post a sign in the blood establishment which is visible to all potential donors and which states: "Persons with acquired immune deficiency syndrome (AIDS), or who have tested confirmatory positive for infection with the human immunodeficiency virus (HIV), or who have a blood-borne communicable disease or who have one (1) or more risk factors for the human immunodeficiency virus as determined by the United States Centers for Disease Control, are prohibited by law from donating or selling blood. Persons violating the law are guilty of a Class D felony. ASK STAFF OF THIS BLOOD ESTABLISHMENT."</p> <p>(4) The provisions of this section shall not be construed to impose requirements which are in conflict with donor eligibility requirements set out in United States Food and Drug Administration or American Association of Blood Banks standards.</p>
§ 214.610	<p>Educational course to be completed by health-care workers and social workers -- Approval by licensing board or certifying entity -- Publication of courses</p> <p>(1) (a) The Cabinet for Health Services or the licensing board or certifying entity, subject to the board's or entity's discretion, shall approve appropriate educational courses on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome, that may address appropriate behavior and attitude change, to be completed as specified in the respective chapters by each person licensed or certified under KRS Chapters 311, 311A, 312, 313, 314, 315, 320, 327, 333, and 335. Each licensing board or certifying entity shall have the authority to determine whether it shall approve courses or use courses approved by the cabinet. Completion of the</p>

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	<p>courses shall be required at the time of initial licensure or certification in the Commonwealth, as required under KRS 214.615 and 214.620, and shall not be required under this section or any other section more frequently than one (1) time every ten (10) years thereafter, unless the licensing board or certifying entity specifically requires more frequent completion under administrative regulations promulgated in accordance with KRS Chapter 13A.</p> <p>(b) The Department for Public Health shall publish on its Web site the current informational resources for the development of the educational courses or programs. To the extent possible, the educational courses or programs under this subsection shall:</p> <ol style="list-style-type: none"> 1. Include changes in Kentucky law affecting HIV testing and reporting; confidentiality and privacy of HIV-related data, information, and reports; and advances in treatment protocols, intervention protocols, coordination of services, and other information deemed important by the Department for Public Health and the Centers for Disease Control and Prevention (CDC); 2. Inform all professions involved with or affected by the birthing process about the importance of HIV testing of pregnant women and the probability of preventing perinatal transmission of HIV with appropriate treatment; and 3. Update all health care professionals identified under paragraph (a) of this subsection requesting information about the potential involvement of their occupation in the treatment or prevention of blood-borne pathogens with the latest CDC guidelines on occupational exposure to HIV and other blood-borne pathogens. <p>(2) Each licensee or certificate holder shall submit confirmation on a form provided by the cabinet of having completed the course by July 1, 1991, except persons licensed under KRS Chapters 314 and 327 for whom the completion date shall be July 1, 1992.</p>
§ 214.625 (also see § 214.181)	<p>Legislative findings -- Consent for medical procedures and tests including HIV infection -- Physician's responsibility -- Confidentiality of results -- Exceptions -- Disclosure -- Network of voluntary HIV testing programs</p> <p>(1) The General Assembly finds that the use of tests designed to reveal a condition indicative of human immunodeficiency virus (HIV) infection can be a valuable tool in protecting the public health. The General Assembly finds that despite current scientific knowledge that zidovudine (AZT) prolongs the lives of acquired immunodeficiency syndrome victims, and may also be effective when introduced in the early stages of human immunodeficiency virus infection, many members of the public are deterred from seeking testing because they misunderstand the nature of the test or fear that test results will be disclosed without their consent. The General Assembly finds that the public health will be served by facilitating informed, voluntary, and confidential use of tests designed to detect human immunodeficiency virus infection.</p>

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	<p>(2) A person who has signed a general consent form for the performance of medical procedures and tests is not required to also sign or be presented with a specific consent form relating to medical procedures or tests to determine human immunodeficiency virus infection, antibodies to human immunodeficiency virus, or infection with any other causative agent of acquired immunodeficiency syndrome that will be performed on the person during the time in which the general consent form is in effect. However, a general consent form shall instruct the patient that, as part of the medical procedures or tests, the patient may be tested for human immunodeficiency virus infection, hepatitis, or any other blood-borne infectious disease if a doctor or advanced practice registered nurse orders the test for diagnostic purposes. Except as otherwise provided in subsection (5)(c) of this section, the results of a test or procedure to determine human immunodeficiency virus infection, antibodies to human immunodeficiency virus, or infection with any probable causative agent of acquired immunodeficiency syndrome performed under the authorization of a general consent form shall be used only for diagnostic or other purposes directly related to medical treatment.</p> <p>(3) In any emergency situation where informed consent of the patient cannot reasonably be obtained before providing health-care services, there is no requirement that a health-care provider obtain a previous informed consent.</p> <p>(4) The physician or advanced practice registered nurse who orders the test pursuant to subsections (1) and (2) of this section, or the attending physician, shall be responsible for informing the patient of the results of the test if the test results are positive for human immunodeficiency virus infection. If the tests are positive, the physician or advanced practice registered nurse shall also be responsible for either:</p> <p>(a) Providing information and counseling to the patient concerning his infection or diagnosis and the known medical implications of such status or condition; or</p> <p>(b) Referring the patient to another appropriate professional or health-care facility for the information and counseling.</p> <p>(5) (a) No person in this state shall perform a test designed to identify the human immunodeficiency virus, or its antigen or antibody, without first obtaining the informed consent of the person upon whom the test is being performed, except as specified in subsections (2) and (3) of this section.</p> <p>(b) No test result shall be determined as positive, and no positive test result shall be revealed to any person, without corroborating or confirmatory tests being conducted.</p> <p>(c) No person who has obtained or has knowledge of a test result pursuant to this section shall disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of the test in a manner which permits identification of the subject of the test, except to the following persons:</p> <ol style="list-style-type: none"> 1. The subject of the test or the subject's legally authorized

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	<p>representative;</p> <p>2. Any person designated in a legally effective release of the test results executed prior to or after the test by the subject of the test or the subject's legally authorized representative;</p> <p>3. A physician, nurse, or other health-care personnel who has a legitimate need to know the test result in order to provide for his protection and to provide for the patient's health and welfare;</p> <p>4. Health-care providers consulting between themselves or with health-care facilities to determine diagnosis and treatment;</p> <p>5. The cabinet, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by state law;</p> <p>6. A health facility or health-care provider which procures, processes, distributes, or uses:</p> <p style="padding-left: 20px;">a. A human body part from a deceased person, with respect to medical information regarding that person; or</p> <p style="padding-left: 20px;">b. Semen provided prior to July 13, 1990, for the purpose of artificial insemination;</p> <p>7. Health facility staff committees, for the purposes of conducting program monitoring, program evaluation, or service reviews;</p> <p>8. Authorized medical or epidemiological researchers who shall not further disclose any identifying characteristics or information;</p> <p>9. A parent, foster parent, or legal guardian of a minor; a crime victim; or a person specified in KRS 438.250;</p> <p>10. A person allowed access by a court order which is issued in compliance with the following provisions:</p> <p style="padding-left: 20px;">a. No court of this state shall issue an order to permit access to a test for human immunodeficiency virus performed in a medical or public health setting to any person not authorized by this section or by KRS 214.420. A court may order an individual to be tested for human immunodeficiency virus only if the person seeking the test results has demonstrated a compelling need for the test results which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for testing and disclosure against the privacy interest of the test subject and the public interest which may be disserved by disclosure which deters blood, organ, and semen donation and future human immunodeficiency virus-related testing or which may lead to discrimination. This paragraph shall not apply to blood bank donor records;</p> <p style="padding-left: 20px;">b. Pleadings pertaining to disclosure of test results shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be communicated confidentially, in documents not filed with the court;</p> <p style="padding-left: 20px;">c. Before granting any order, the court shall provide the individual whose test result is in question with notice and a reasonable opportunity to participate in the proceedings if he is not already a party;</p> <p style="padding-left: 20px;">d. Court proceedings as to disclosure of test results shall be conducted in camera, unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice;</p> <p>and</p>

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	<p>e. Upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may have access to the information, the purposes for which the information shall be used, and appropriate prohibitions on future disclosure.</p> <p>No person to whom the results of a test have been disclosed shall disclose the test results to another person except as authorized by this subsection. When disclosure is made pursuant to this subsection, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure shall be accompanied by oral notice and followed by a written notice within ten (10) days.</p> <p>(6) (a) The Cabinet for Health Services shall establish a network of voluntary human immunodeficiency virus testing programs in every county in the state. These programs shall be conducted in each public health department established under the provisions of KRS Chapter 211. Additional programs may be contracted to other private providers to the extent that finances permit and local circumstances dictate.</p> <p>(b) Each public health department shall have the ability to provide counseling and testing for the human immunodeficiency virus to each patient who receives services and shall offer the testing on a voluntary basis to each patient who requests the test.</p> <p>(c) Each public health department shall provide a program of counseling and testing for human immunodeficiency virus infection, on an anonymous or confidential basis, dependent on the patient's desire. If the testing is performed on an anonymous basis, only the statistical information relating to a positive test for human immunodeficiency virus infection shall be reported to the cabinet. If the testing is performed on a confidential basis, the name and other information specified in KRS 214.645 shall be reported to the cabinet. The cabinet shall continue to provide for anonymous testing and counseling.</p> <p>(d) The result of a serologic test conducted under the auspices of the cabinet shall not be used to determine if a person may be insured for disability, health, or life insurance or to screen or determine suitability for, or to discharge a person from, employment. Any person who violates the provisions of this subsection shall be guilty of a Class A misdemeanor.</p> <p>(7) No public health department and no other person in this state shall conduct or hold themselves out to the public as conducting a testing program for acquired immunodeficiency syndrome, acquired immunodeficiency syndrome related complex, or human immunodeficiency virus status without first registering with the cabinet, complying with all other applicable provisions of state law, and meeting</p>

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	<p>the following requirements:</p> <p>(a) The program shall be directed by a person who has completed an educational course approved by the cabinet in the counseling of persons with acquired immunodeficiency syndrome, acquired immunodeficiency syndrome related complex, or human immunodeficiency virus infection;</p> <p>(b) The program shall have all medical care supervised by a physician licensed under the provisions of KRS Chapter 311;</p> <p>(c) The program shall have all laboratory procedures performed in a laboratory licensed under the provisions of KRS Chapter 333;</p> <p>(d) Informed consent shall be required prior to testing. Informed consent shall be preceded by an explanation of the test, including its purpose, potential uses, and limitations and the meaning of its results;</p> <p>(e) The program, unless it is a blood donor center, shall provide pretest counseling on the meaning of a test for human immunodeficiency virus, including medical indications for the test; the possibility of false positive or false negative results; the potential need for confirmatory testing; the potential social, medical, and economic consequences of a positive test result; and the need to eliminate high-risk behavior;</p> <p>(f) The program shall provide supplemental corroborative testing on all positive test results before the results of any positive test is provided to the patient;</p> <p>(g) The program shall provide post-test counseling, in person, on the meaning of the test results; the possible need for additional testing; the social, medical, and economic consequences of a positive test result; and the need to eliminate behavior which might spread the disease to others;</p> <p>(h) Each person providing post-test counseling to a patient with a positive test result shall receive specialized training, to be specified by regulation of the cabinet, about the special needs of persons with positive results, including recognition of possible suicidal behavior, and shall refer the patient for further health and social services as appropriate;</p> <p>(i) When services are provided for a charge during pretest counseling, testing, supplemental testing, and post-test counseling, the program shall provide a complete list of all charges to the patient and the cabinet; and</p> <p>(j) Nothing in this subsection shall be construed to require a facility licensed under KRS Chapter 333 or a person licensed under the provisions of KRS Chapters 311, 312, or 313 to register with the cabinet if he or she does not advertise or hold himself or herself out to the public as conducting testing programs for human immunodeficiency virus infection or specializing in such testing.</p> <p>(8) Any violation of this section by a licensed health-care provider shall be a ground for disciplinary action contained in the professional's respective licensing chapter.</p> <p>(9) Except as provided in subsection (6)(d) of this section and KRS 304.12-013, insurers and others participating in activities related to the insurance application and underwriting process shall be exempt from this section.</p> <p>(10) The cabinet shall develop program standards consistent with the</p>

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	provisions of this section for counseling and testing persons for the human immunodeficiency virus.
§ 214.645	<p>Reporting system of HIV-positive persons -- Confidentiality and reporting requirements -- Reporting system surveillance, assessment, and restrictions</p> <p>(1) The Cabinet for Health Services shall establish a system for reporting, by the use of the person's name, of all persons who test positive for the human immunodeficiency virus (HIV) infection. The reporting shall include the data including, but not limited to, CD4 count and viral load, and other information that are necessary to comply with the confidentiality and reporting requirements of the most recent edition of the Centers for Disease Control and Prevention's (CDC) Guidelines for National Human Immunodeficiency Virus Case Surveillance. As recommended by the CDC, anonymous testing shall remain as an alternative. If less restrictive data identifying requirements are identified by the CDC, the cabinet shall evaluate the new requirements for implementation.</p> <p>(2) The reporting system established under subsection (1) of this section shall:</p> <ul style="list-style-type: none"> (a) Use the same confidential name-based approach for HIV surveillance that is used for AIDS surveillance by the cabinet; (b) Attempt to identify all modes of HIV transmission, unusual clinical or virologic manifestations, and other cases of public health importance; (c) Require collection of the names and data from all private and public sources of HIV-related testing and care services; and (d) Use reporting methods that match the CDC's standards for completeness, timeliness, and accuracy, and follow up, as necessary, with the health care provider making the report to verify completeness, timeliness, and accuracy. <p>(3) Authorized surveillance staff designated by the cabinet shall:</p> <ul style="list-style-type: none"> (a) Match the information from the reporting system to other public health databases, wherever possible, to limit duplication and to better quantify the extent of HIV infection in the Commonwealth; (b) Conduct a biennial assessment of the HIV and AIDS reporting systems, insure that the assessment is available for review by the public and any state or federal agency, and forward a copy of the assessment to the Legislative Research Commission and the Interim Joint Committee on Health and Welfare; (c) Document the security policies and procedures and insure their availability for review by the public or any state or federal agency; (d) Minimize storage and retention of unnecessary paper or electronic reports and insure that related policies are consistent with CDC technical guidelines; (e) Assure that electronic transfer of data is protected by encryption during transfer; (f) Provide that records be stored in a physically secluded area and protected by coded passwords and computer encryption;

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	<p>(g) Restrict access to data a minimum number of authorized surveillance staff who are designated by a responsible authorizing official, who have been trained in confidentiality procedures, and who are aware of penalties for unauthorized disclosure of surveillance information;</p> <p>(h) Require that any other public health program that receives data has appropriate security and confidentiality protections and penalties;</p> <p>(i) Restrict use of data, from which identifying information has been removed, to cabinet-approved research, and require all persons with this use to sign confidentiality statements;</p> <p>(j) Prohibit release of any names or any other identifying information that may have been received in a report to any person or organization, whether public or private, except in compliance with federal law or consultations with other state surveillance programs and reporting sources. Under no circumstances shall a name or any identifying information be reported to the CDC; and</p> <p>(k) Immediately investigate any report of breach of reporting, surveillance, or confidentiality policy, report the breach to the CDC, develop recommendations for improvements in security measure, and take appropriate disciplinary action for any documented breach.</p> <p>(4) The cabinet shall require any physician, advanced practice registered nurse, or medical laboratory that receives a report of a positive test for the human immunodeficiency virus to report that information by reference to the name in accordance with the procedure for establishing name reporting required by the cabinet in an administrative regulation.</p>
§ 214.995	<p>Penalties for disclosure of HIV test results or identity of person upon whom test is performed -- Exceptions.</p> <p>(1) A person who discloses, intentionally in violation of KRS 214.181(5)(c) or 214.625(5)(c), the identity of a person upon whom has been conducted a test to detect human immunodeficiency virus infection shall be guilty of a Class A misdemeanor.</p> <p>(2) A person who intentionally releases any name or other identifying information in violation of KRS 215.645(3)(j) shall be guilty of a Class A misdemeanor.</p>

Title XXV: Business and Financial Institutions

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§ 304.12-013	<p>Prohibited unfair or deceptive practices in the writing of insurance.</p> <p>(1) The purpose of this section is to prohibit unfair or deceptive practices in the transaction of life and health insurance with respect to the human immunodeficiency virus infection and related matters. This section applies to all life and health insurance contracts which are delivered or issued for delivery in Kentucky on or after July 13, 1990.</p> <p>(2) This section shall not prohibit an insurer from contesting the validity of an insurance contract or whether a claim is covered under an insurance contract to the extent allowed by law.</p> <p>(3) As used in this section:</p> <p style="padding-left: 20px;">(a) "Human immunodeficiency virus" (HIV) means the causative agent of acquired immunodeficiency syndrome (AIDS) or any other type of immunosuppression caused by the human immunodeficiency virus;</p> <p style="padding-left: 20px;">(b) "Insurance contract" means a contract issued by an insurer as defined in this section; and</p> <p style="padding-left: 20px;">(c) "Insurer" means an insurer, a nonprofit hospital, medical-surgical, dental, and health service corporation, a health maintenance organization, or a prepaid dental plan organization.</p> <p>(4) (a) In the underwriting of an insurance contract regarding human immunodeficiency virus infection and health conditions derived from such infection, the insurer shall utilize medical tests which are reliable predictors of risk. Only a test which is recommended by the Centers for Disease Control or by the Food and Drug Administration is deemed to be reliable for the purposes of this section. If a specific Centers for Disease Control or Food and Drug Administration-recommended test indicates the existence or possible existence of human immunodeficiency virus infection or a health condition related to the human immunodeficiency virus infection, before relying on a single test to deny issuance of an insurance contract, limit coverage under an insurance contract, or to establish the premium for an insurance contract, the insurer shall follow the applicable Centers for Disease Control or Food and Drug Administration-recommended test protocol and shall utilize any applicable Centers for Disease Control or Food and Drug Administration-recommended follow-up tests or series of tests to confirm the indication.</p> <p style="padding-left: 20px;">(b) Prior to testing, the insurer shall disclose in writing its intent to test the applicant for the human immunodeficiency virus infection or for a specific health condition derived therefrom and shall obtain the applicant's written informed consent to administer the test. Written informed consent shall include a fair explanation of the test, including its purpose, potential uses and limitations, the meaning of its results, and the right to confidential treatment of information. Use of a form prescribed by the office shall raise a conclusive presumption of informed consent.</p>

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	<p>(c) An applicant shall be notified of a positive test result by a physician designated by the applicant, or, in the absence of such designation, by the Cabinet for Health and Family Services. The notification shall include:</p> <ol style="list-style-type: none"> 1. Face-to-face post-test counseling on the meaning of the test results, the possible need for additional testing, and the need to eliminate behavior which might spread the disease to others; 2. The availability in the geographic area of any appropriate health-care services, including mental health care, and appropriate social and support services; 3. The benefits of locating and counseling any person by whom the infected person may have been exposed to human immunodeficiency virus and any person whom the infected person may have exposed to the virus; and 4. The availability, if any, of the services of public health authorities with respect to locating and counseling any person described in subparagraph 3. of this paragraph. <p>(d) A medical test for human immunodeficiency virus infection or for a health condition derived from the infection shall only be required or given to an applicant for an insurance contract on the basis of the applicant's health condition or health history, on the basis of the amount of insurance applied for, or if the test is required of all applicants.</p> <p>(e) An insurer may ask whether an applicant for an insurance contract has been tested positive for human immunodeficiency virus infection or other health conditions derived from such infection. Insurers shall not inquire whether the applicant has been tested for or has received a negative result from a specific test for human immunodeficiency virus infection or for a health condition derived from such infection.</p> <p>(f) Insurers shall maintain strict confidentiality of the results of tests for human immunodeficiency virus infection or a specific health condition derived from human immunodeficiency virus infection. Information regarding specific test results shall be disclosed only as required by law or pursuant to a written request or authorization by the applicant. Insurers may disclose results pursuant to a specific written request only to the following persons:</p> <ol style="list-style-type: none"> 1. The applicant; 2. A licensed physician or other person designated by the applicant; 3. An insurance medical-information exchange under procedures that are used to assure confidentiality, such as the use of general codes that also cover results of tests for other diseases or conditions not related to human immunodeficiency virus infection; 4. For the preparation of statistical reports that do not disclose the identity of any particular applicant; 5. Reinsurers, contractually retained medical personnel, and insurer affiliates if these entities are involved solely in the underwriting process and under procedures that are designed to assure confidentiality; 6. To insurer personnel who have the responsibility to make

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	<p>underwriting decisions; and</p> <p>7. To outside legal counsel who needs the information to represent the insurer effectively in regard to matters concerning the applicant.</p> <p>(g) Insurers shall use for the processing of human immunodeficiency virus-related tests only those laboratories that are certified by the United States Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, which permit testing of specimens in interstate commerce, and which subject themselves to ongoing proficiency testing by the College of American Pathologists, the American Association of Bioanalysts, or an equivalent program approved by the Centers for Disease Control.</p> <p>(5) (a) An insurance contract shall not exclude coverage for human immunodeficiency virus infection. An insurance contract shall not contain benefit provisions, terms, or conditions which apply to human immunodeficiency virus infection in a different manner than those which apply to any other health condition. Insurance contracts which violate this paragraph shall be disapproved by the executive director pursuant to KRS 304.14-130(1)(a), 304.32-160, and 304.38-050.</p> <p>(b) A health insurance contract shall not be canceled or nonrenewed solely because a person or persons covered by the contract has been diagnosed as having or has been treated for human immunodeficiency virus infection.</p> <p>(c) Sexual orientation shall not be used in the underwriting process or in the determination of which applicants shall be tested for exposure to the human immunodeficiency virus infection. Neither the marital status, the living arrangements, the occupation, the gender, the beneficiary designation, nor the zip code or other territorial classification of an applicant's sexual orientation.</p> <p>(d) This subsection does not prohibit the issuance of accident only or specified disease insurance contracts.</p>

Title XXVI: Occupations and Professions
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KY Title XXVI Code §	Code Language
§ 311.281	<p>Testing of organs, skin, or other human tissue for HIV and other communicable diseases, with informed consent</p> <p>(1) Every donation of organs, skins, or other human tissue for transplantation to another shall be tested by the agency responsible for procuring the organ, skin, or other human tissue prior to use for human immunodeficiency virus infection and other communicable diseases specified by the United Network for Organ Sharing, American Association of Tissue Banks, and Eye Bank Association of America. Tests for the human immunodeficiency virus infection shall be performed only after obtaining written, informed consent from the potential donor or the donor's legal representative. Obtaining consent shall include a fair explanation of the procedures to be followed and the meaning and use of the test results. The explanation shall include a description of the confidential nature of the test as described in KRS 214.625. If consent for testing is not given, the person shall not be accepted as a donor.</p> <p>(2) Notwithstanding the provisions of subsection (1) of this section, written informed consent to perform testing shall not be required if the organ, skin, or other human tissue is received for processing or testing from out-of-state or if tissue is received from a health care facility or health care provider for reference testing or processing and the results of the test are reported back to the facility or provider.</p> <p>(3) No person shall collect any organ, skin, or other human tissue from one (1) human being and hold it for, or actually perform, any implantation, transplantation, grafting, or any other method of transfer to another human being without first testing the tissue for the human immunodeficiency virus and other communicable diseases specified by the United Network for Organ Sharing, American Association of Tissue Banks, and Eye Bank Association of America, or without performing another process approved by the United Network for Organ Sharing, American Association of Tissue Banks, and Eye Bank Association of America capable of killing the causative agent of those diseases.</p> <p>(4) All human organs, skin, or other human tissue which is to be transplanted to another and is found positive for human immunodeficiency virus or other communicable disease specified by the United Network for Organ Sharing, American Association of Tissue Banks, and Eye Bank Association of America shall be rendered noncommunicable by the person holding the tissue or shall be destroyed, unless the human tissue is specifically labeled to identify the human immunodeficiency virus and:</p> <ul style="list-style-type: none"> (a) Is used for research purposes; or (b) Is used to save the life of another and is transferred with the recipient's informed consent. <p>(5) Each agency which procures organs, skin, or other human tissue,</p>

KY Title XXVI Code §	Code Language
	<p>who finds evidence after confirmatory testing of human immunodeficiency virus in the donor, shall notify the donor or legal representative. If the donor is a patient of a health facility within the Commonwealth, the following information shall be given:</p> <ul style="list-style-type: none"> (a) The meaning of the test results; (b) Measures for the prevention of the transmission of the human immunodeficiency virus; (c) The availability in the geographic area of any appropriate health care services, including mental health care, and appropriate social and support services; (d) The benefits of locating and counseling any individual by whom the infected individual may have been exposed to human immunodeficiency virus and any individual whom the infected individual may have exposed to the virus; and (e) The availability, if any, of the services of public health authorities with respect to locating and counseling any individual described in paragraph (d) of this subsection. <p>(6) The donor shall be notified of the confirmed positive test results in person. Persons shall be notified of negative test results either in person, by registered mail, or by phone. Notification is the responsibility of the agency responsible for procuring skin, organs, or other donated tissue. Notification shall be the responsibility of the agency responsible for procuring skin, organs, or other donated tissue.</p> <p>(7) Prior to the transplant of an organ or artificial insemination, the institution or physician responsible for overseeing the procedure shall provide the prospective recipient information as to the risks of contracting human immunodeficiency virus.</p>
§ 311.282	<p>Disclosure or failure to disclose confidential information under specified circumstances not to create civil or criminal liability</p> <p>(1) A physician licensed pursuant to KRS Chapter 311 shall not be civilly or criminally liable for the disclosure of otherwise confidential information under the following circumstances:</p> <ul style="list-style-type: none"> (a) If a patient of the physician has tested positive for human immunodeficiency virus discloses to the physician the identity of a spouse or sexual partner with whom the patient has cohabitated for more than one (1) year; and (b) The physician recommends the patient notify the spouse or sexual partner of the positive test and refrain from engaging in sexual activity in a manner likely to transmit the virus and the patient refuses; (c) If, pursuant to a perceived civil duty or the ethical guidelines of the profession, the physician reasonably and in good faith advises the spouse of the patient or sexual partner with whom the patient has cohabitated for more than one (1) year of the positive test and facts concerning the transmission of the virus; and (d) The physician reports information about HIV status to the Cabinet for Health Services pursuant to administrative regulations promulgated

KY Title XXVI Code §	Code Language
	by the cabinet. (2) Notwithstanding the foregoing, a physician licensed pursuant to KRS Chapter 311 shall not be civilly or criminally liable for failure to disclose information relating to a positive test result for human immunodeficiency virus of a patient to a spouse.
§ 310A.110	Educational course on AIDS for paramedics, first responders, and emergency medical technicians. The board shall, by administrative regulation, require an applicant for licensure as a paramedic, certification as a first responder, or certification as an emergency medical technician to have completed a board-approved educational course on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change.

Title XL: Crimes and Punishments

KY Title XL Code §	Code Language
§ 438.250	<p>Mandatory testing for HIV, hepatitis B and C, and tuberculosis, and other diseases for criminal defendants, inmates, and state patients under specified conditions -- Effect of refusal to be tested -- Costs</p> <p>(1) When a public servant, as defined in KRS 521.010, a health care professional who is licensed or certified under the laws of the Commonwealth, an employee of the health care professional, an employee of a health care facility that is licensed under the laws of the Commonwealth, or victim of a crime is bitten by, suffers a puncture wound caused by, or is exposed to the blood or body fluids of a criminal defendant, inmate, parolee, probationer, or patient or resident of any health facility owned or operated by the Commonwealth, or the blood or body fluids of a criminal defendant, inmate, parolee, or probationer have come into contact with the skin or unprotected clothing of a public servant during any incident in which the public servant and the criminal defendant, inmate, parolee, or probationer are involved, the criminal defendant, inmate, parolee, or probationer shall be ordered to submit to testing for human immunodeficiency virus (HIV), hepatitis B and C viruses, and any other disease, if testing for that disease is recommended by the most current guidelines of the Centers for Disease Control and Prevention, and if testing for any of these conditions is recommended, then testing will be conducted as recommended by the Centers for Disease Control and Prevention.</p> <p>(2) The written results of the testing shall be made available to each public servant, victim of the crime, criminal defendant, inmate, parolee, or probationer coming within the purview of subsection (1). However, the results shall not be public records and shall be disclosed to others only on a need-to-know basis. The victim of the crime shall receive written results as provided in KRS 510.320.</p> <p>(3) If a criminal defendant, inmate, parolee, or probationer fails or refuses to be tested as ordered, he may be held in criminal contempt. A Circuit or District Judge shall compel the criminal defendant, inmate, parolee, or probationer to undergo the testing required herein if he fails or refuses to do so. Undergoing compulsory testing after a failure or refusal to be tested shall not relieve the criminal defendant, inmate, parolee, or probationer of the liability imposed by this subsection.</p> <p>(4) The costs of the testing shall be borne by the criminal defendant, inmate, parolee, or probationer unless he is determined unable to pay for the test by a court of competent jurisdiction for criminal defendants and probationers and by the Department of Corrections pursuant to their indigency standards for inmates and parolees, in which case the Commonwealth shall pay for the testing.</p> <p>(5) The provisions of subsections (1) to (4) of this section shall apply to juveniles falling within any category specified in subsections (1) to (4) of this section as well as to adults.</p>

Title L: Kentucky Penal Code

KY Title L Code §	Code Language
§ 510.320	<p>Human immunodeficiency virus testing for defendants accused of certain sexual offenses - Results - Counseling when test positive - Cost - Effect of appeal.</p> <p>(1) For purposes of this section, "human immunodeficiency virus test" means a test of an individual for presence of human immunodeficiency virus, or for antibodies or antigens that result from human immunodeficiency virus infection, or for any other substance specifically indicating human immunodeficiency virus infection.</p> <p>(2) A defendant charged with an offense pursuant to this chapter which has sexual intercourse or deviate sexual intercourse as an element, or has sexual contact as an element when the circumstances of the case demonstrate a possibility of transmission of human immunodeficiency virus, shall upon initial court appearance on the charge, be informed by the judge of the availability of human immunodeficiency virus testing. The judge shall also notify the victim of the offense, or parent or guardian of the victim, that the defendant has been so notified.</p> <p>(3) When a defendant has been convicted of any offense in subsection (2) of this section, other provisions of law to the contrary notwithstanding, the sentencing court, regardless of any prior human immunodeficiency virus test, shall order the defendant to undergo a human immunodeficiency virus test, under the direction of the Cabinet for Health and Family Services.</p> <p>(4)(a) The result of any human immunodeficiency virus test conducted pursuant to this section shall not be a public record for purposes of KRS Chapter 61.</p> <p>(b) The result of any human immunodeficiency virus test conducted pursuant to this section shall only be made available by the Cabinet for Health and Family Services to the victim, or the parent or guardian of a victim who is a minor or is mentally retarded or mentally incapacitated, the defendant, the court issuing the order for testing, and to any other agency as directed pursuant to KRS Chapter 214.</p> <p>(c) The Cabinet for Health and Family Services shall immediately provide to the victim the results of any human immunodeficiency virus test conducted under this section.</p> <p>(d) In addition, the Cabinet for Health and Family Services shall provide to the Department of Corrections the result of any human immunodeficiency virus test conducted pursuant to this section which indicates that the defendant is infected with the human immunodeficiency virus. The Department of Corrections shall use this information solely for the purpose of providing medical treatment to the defendant while incarcerated in a state penitentiary or correctional institution or county jail.</p> <p>(5) If the human immunodeficiency virus test indicates the presence of human immunodeficiency virus infection, the Cabinet for Health and Family Services shall provide counseling to the victim and the defendant regarding</p>

KY Title L Code §	Code Language
	<p>human immunodeficiency virus disease, and referral for appropriate health-care and support services.</p> <p>(6) The cost of testing under this section shall be paid by the defendant tested, unless the court has determined the defendant to be indigent.</p> <p>(7) Filing of a notice of appeal shall not automatically stay an order that the defendant submit to a human immunodeficiency virus test.</p>
§ 529.090	<p>Person convicted required to submit to screening for HIV infection - - Prostitution or procuring prostitution with knowledge of sexually transmitted disease or HIV</p> <p>(1) Any person convicted of prostitution or procuring another to commit prostitution under the provisions of KRS 529.020 shall be required to undergo screening for human immunodeficiency virus infection under direction of the Cabinet for Health Services and, if infected, shall submit to treatment and counseling as a condition of release from probation, community control, or incarceration. Notwithstanding the provisions of KRS 214.420, the results of any test conducted pursuant to this subsection shall be made available by the Cabinet for Health Services to medical personnel, appropriate state agencies, or courts of appropriate jurisdiction to enforce the provisions of this chapter.</p> <p>(2) Any person who commits prostitution and who, prior to the commission of the crime, had tested positive for a sexually transmitted disease and knew or had been informed that he had tested positive for a sexually transmitted disease pursuant to KRS 214.410 and that he could possibly communicate such disease to another person through sexual activity is guilty of a Class A misdemeanor. A person may be convicted and sentenced separately for a violation of this subsection and for the underlying crime of prostitution.</p> <p>(3) Any person who commits, offers, or agrees to commit prostitution by engaging in sexual activity in a manner likely to transmit the human immunodeficiency virus and who, prior to the commission of the crime, had tested positive for human immunodeficiency virus and knew or had been informed that he had tested positive for human immunodeficiency virus and that he could possibly communicate the disease to another person through sexual activity is guilty of a Class D felony. A person may be convicted and sentenced separately for a violation of this subsection and for the underlying crime of prostitution.</p> <p>(4) Any person convicted of procuring another to commit prostitution in a manner likely to transmit the human immunodeficiency virus and who, prior to the commission of the crime, had tested positive for human immunodeficiency virus and knew or had been informed that he had tested positive for human immunodeficiency virus and that he could possibly communicate the disease to another person through sexual activity is guilty of a Class D felony.</p>

Title LI: Unified Juvenile Code
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KY Title LI Code §	Code Language
§ 635.110	<p>Human immunodeficiency virus testing for juveniles accused of certain sexual offenses - Results - Counseling when test positive.</p> <p>(1) A juvenile session of a District Court shall comply with the provisions of KRS 510.320 when a child is accused of commission of a public offense as described therein.</p> <p>(2) A juvenile session of a District Court shall order a child who is adjudicated a public offender to submit to a human immunodeficiency virus test pursuant to KRS 510.320 if the offense is one described therein.</p> <p>(3)(a) The result of any human immunodeficiency virus test conducted pursuant to this section shall not be a public record for purposes of KRS Chapter 61.</p> <p>(b) The result of any human immunodeficiency virus test conducted pursuant to this section shall only be made available by the Department of Juvenile Justice to the victim, the parent or guardian of a victim who is a minor or is mentally retarded or mentally incapacitated, the child adjudicated as a public offender and his parents or guardian, the court issuing the order for testing, and as otherwise directed pursuant to KRS Chapter 214.</p> <p>(4) If the human immunodeficiency virus test indicates the presence of human immunodeficiency virus infection, the Department of Juvenile Justice shall provide counseling to the victim and the juvenile offender regarding human immunodeficiency virus disease and referral for appropriate health care and support services.</p>

Kentucky Administrative Regulations – Title 902: Department of Public Health

Title 902 KAR	Code Language
902 KAR 2:020	<p>Disease surveillance</p> <p>Section 7. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) Surveillance. (1) Physicians and Medical Laboratories shall report:</p> <p>(a) 1. A positive test result for HIV infection including a result from:</p> <ol style="list-style-type: none"> a. Elisa; b. Western Blot; c. PCR; d. HIV antigen; or e. HIV culture; <p>2. CD4+ assay including absolute CD4+ cell counts and CD4+ %;</p> <p>3. HIV detectable Viral Load Assay; and</p> <p>4. A positive serologic test result for HIV infection; or</p> <p>(b) A diagnosis of AIDS that meets the definition of AIDS established within the Centers for Disease Control and Prevention (CDC) guidelines and reported in the:</p> <ol style="list-style-type: none"> 1. "Adult HIV/AIDS Confidential Case Report Form," or 2. "Pediatric HIV/AIDS Confidential Case Report Form." <p>(2) An HIV infection or AIDS diagnosis shall be reported within five (5) business days and, if possible, on the "Adult HIV/AIDS Confidential Case Report form" or the "Pediatric HIV/AIDS Confidential Case Report form."</p> <p>(a) A report for a resident of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Louisville-Metro Health Department.</p> <p>(b) A report for a resident of the remaining Kentucky counties shall be submitted to the HIV/AIDS Surveillance Program of the Kentucky Department for Public Health, or as directed by the HIV/AIDS project coordinator.</p> <p>(3) A report for a person with HIV infection without a diagnosis of AIDS shall include the following information:</p> <ol style="list-style-type: none"> (a) The patient's full name; (b) Date of birth, using the format MMDDYY; (c) Gender; (d) Race; (e) Risk factor, as identified by CDC; (f) County of residence; (g) Name of facility submitting report; (h) Date and type of HIV test performed; (i) Results of CD4+ cell counts and CD4+ %; (j) Results of viral load testing; (k) PCR, HIV culture, HIV antigen, if performed; (l) Results of TB testing, if available; and (m) HIV status of the person's partner, spouse or children. <p>(4) Reports of AIDS cases shall include the information in subsections (1) through (3) of this section; and</p> <p>(a) The patient's complete address;</p>

Title 902 KAR	Code Language
	<p>(b) Opportunistic infections diagnosed; and (c) Date of onset of illness. (5) (a) Reports of AIDS shall be made whether or not the patient has been previously reported as having HIV infection. (b) If the patient has not been previously reported as having HIV infection, the AIDS report shall also serve as the report of HIV infection.</p>
902 KAR 2:140	<p>Human immunodeficiency virus (HIV) test counseling.</p> <p>Section 1. Before functioning as a counselor in a human immunodeficiency virus (HIV) counseling and testing site under the auspices of the Cabinet for Human Resources, a person shall have completed a training course approved by the Sexually Transmitted Disease Section, Department for Health Services, which includes, but is not limited to, the following:</p> <ol style="list-style-type: none"> (1) Medical overview of HIV infection and disease; (2) Explanation of types of HIV tests and their interpretation; (3) Review of risk factors for HIV infection and how to prevent infection; (4) Instruction in counseling approach to a person seeking and/or needing HIV testing; (5) Instruction and roll play in informing a person of a positive HIV test; (6) Recognition of need for social services and/or mental health referral, and instruction on how to make these referrals; (7) Instruction regarding medical care referrals for a person with HIV, including tuberculosis skin testing; (8) Instruction regarding partner notification services for persons with HIV; and (9) Training emphasizing the need to assure a complete, coordinated array of care for a person with HIV, and emphasizing the need to view HIV as a chronic disease rather than a rapidly fatal condition. (17 Ky.R. 175; eff. 9-13-90.)