**Codes for Common Clinic Documents**

All client documents saved in Clio must be given a “category.” This helps us search and organize our documents. Below are codes for commonly created documents.

<table>
<thead>
<tr>
<th>Document</th>
<th>Classification Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Sheet</td>
<td>Administrative Documents</td>
</tr>
<tr>
<td>Opening Memo</td>
<td></td>
</tr>
<tr>
<td>Transfer Memo</td>
<td></td>
</tr>
<tr>
<td>Closing Memo</td>
<td></td>
</tr>
<tr>
<td>Client Representation Agreement and Release</td>
<td></td>
</tr>
<tr>
<td>Letters to Client &amp; other</td>
<td>Correspondence</td>
</tr>
<tr>
<td>Letters to Social Security, ODAR, DDS</td>
<td>SSA Correspondence.</td>
</tr>
<tr>
<td>Social Security Forms</td>
<td>SSA Forms</td>
</tr>
<tr>
<td>Social Security File (from CD)</td>
<td>SSA File</td>
</tr>
<tr>
<td>Medical Record Requests</td>
<td>Medical Record Requests</td>
</tr>
<tr>
<td>Releases</td>
<td>Release</td>
</tr>
<tr>
<td>Will</td>
<td>Estate Docs</td>
</tr>
<tr>
<td>Power of Attorney</td>
<td></td>
</tr>
<tr>
<td>Health Care Power of Attorney</td>
<td></td>
</tr>
<tr>
<td>Living Will</td>
<td></td>
</tr>
<tr>
<td>Affidavit or Statement</td>
<td>Affidavit</td>
</tr>
<tr>
<td>Doctor letter re disability</td>
<td>Doctor Letter</td>
</tr>
<tr>
<td>Medical Chart</td>
<td>Medical Chart</td>
</tr>
<tr>
<td>Standby Guardianship Designation</td>
<td>SBG Designation</td>
</tr>
<tr>
<td>Standby Guardianship Petition &amp; all other pleadings</td>
<td>Pleadings</td>
</tr>
<tr>
<td>ALJ Memo or OTR Request</td>
<td>ALJ Memo</td>
</tr>
<tr>
<td>Brief (other than to ALJ)</td>
<td>Brief</td>
</tr>
<tr>
<td>Evidence</td>
<td>Evidence</td>
</tr>
<tr>
<td>Fact Research Notes/Memo</td>
<td>Factual Research</td>
</tr>
<tr>
<td>Hearing Preparation, Notes, Exams</td>
<td>Hearing Prep</td>
</tr>
<tr>
<td>Legal Research &amp; Writing</td>
<td>Legal Research</td>
</tr>
</tbody>
</table>
Blank page
Note that most of the public benefits discussed below are not available to immigrants (with a few exceptions for legal immigrants after five years). The states are permitted to deny cash assistance and food stamps to drug felons, and North Carolina has adopted this policy.

### HIV/AIDS SPECIFIC PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ryan White Care Act</strong></td>
<td>Ryan White is the largest federally funded program for people living with HIV/AIDS. It is aimed at providing care and services for low income uninsured and under-insured people living with HIV/AIDS. Under “Part A,” funds are provided to cities with large HIV populations. “Part B” provides block grants to states, which then fund AIDS drugs, health care, prevention, case management, housing, and even legal services. (Duke Legal Project is partially funded by a Ryan White grant from the state of North Carolina.) Ryan White is a “payer of last resort,” and funds treatment when no other resources are available. Ryan White services ARE available to immigrants, even if undocumented. The rationale is that treating HIV is an important public health concern.</td>
</tr>
<tr>
<td><strong>ADAP:</strong></td>
<td>This is the acronym for the AIDS Drug Assistance Program. The program is federally created, funded jointly by federally Ryan White Care Act funds and the state. The specific program guidelines are determined by each state. The program provides free drugs for treatment of HIV, opportunistic infections, and some other common conditions associated with HIV (including some psychiatric medications). Only drugs on the program’s formulary are provided. To qualify for ADAP in North Carolina, the client must have gross income at or below 300% of the federal poverty level, and have no other coverage for medications. ADAP is available to undocumented immigrants. People with Medicare coverage can get assistance with drug co-pays through the HIV State Pharmaceutical Assistance Program (“SPAP”). Through this program, ADAP pays cost sharing for Medicare drug benefits. This is cheaper than paying for the full cost of HIV drugs.</td>
</tr>
<tr>
<td><strong>HOPWA</strong></td>
<td>“Housing Opportunities for People with AIDS” is the largest federal program for people living with HIV. To qualify, a person must have AIDS or HIV and must be low-income, defined as below 80% of the area median income. HOPWA funds are distributed to cities and states based on the area's population and AIDS rate. It can be used to fund a variety of activities including assistance in housing searches, case management, short-term supported housing, and rental subsidies. In the rental subsidy program, tenants pay 30% of adjusted monthly income, or 10% of gross income.</td>
</tr>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Social Security Disability</strong></td>
<td>“SSDI.” Monthly payment for disabled people who have paid payroll taxes (FICA). Administered through the Social Security Administration. Amount of payment based on work history. Claimants apply at the local Social Security Administration office, by telephone, or online.</td>
</tr>
<tr>
<td><strong>Supplemental Security Income:</strong></td>
<td>“SSI.” Monthly needs-based payment for the aged, blind, and disabled. Program is also administered through the Social Security Administration. Applications at local Social Security office, by telephone, or online.</td>
</tr>
<tr>
<td><strong>Temporary Aid to Needy Families:</strong></td>
<td>Known as “TANF.” A monthly payment to families with children. The basic program rules are set by federal statute. Each state runs its own program, and North Carolina program's is called “Work First.” To receive benefits, the parent generally must be involved in work search or education. There is a federally mandated 60 month lifetime maximum eligibility for TANF, regardless of the state where benefits were received. North Carolina’s Work First has a 24 month cap. After 36 months, a parent can begin receiving benefits again, as long as they haven’t exceeded the 60 month lifetime cap. Applications taken at the local county Department of Social Services.</td>
</tr>
<tr>
<td><strong>Unemployment Compensation:</strong></td>
<td>Weekly payments for unemployed workers who are able and available for work. Under NC legislation enacted in 2013, the maximum weekly payment is $350. The maximum length of payments is 20 weeks. Clients apply at the local office of the North Carolina Employment Security Commission.</td>
</tr>
<tr>
<td><strong>Worker’s Compensation:</strong></td>
<td>Worker’s comp is an important benefit relied on by injured workers. This is insurance coverage for workers who suffer accidents or injuries on the job, as well as 27 occupational diseases. Employers with 3 or more employees must carry worker’s compensation benefits. Covers medical expenses, drugs, transportation, and compensation for lost salary, and compensation for partial or permanent loss. Clients make a claim with the employer’s insurance carrier. The monthly benefit is 60% of wages. If someone receives both worker’s compensation and Social Security Disability, Social Security Benefit offsets the worker’s comp benefit, i.e., reduces the Social Security benefit by the amount of the monthly worker’s comp benefits.</td>
</tr>
<tr>
<td><strong>Veteran’s Benefits</strong></td>
<td>Various income benefits are available for veterans, including Compensation for Service-Connected Full or Partial Disability and Disability Pension for Needy Wartime Veterans. Service Connection Compensation is monthly income, which can be relatively high, depending on the disability “rating” (i.e. how disabled the veteran is). The Pension for Needy Wartime Vets is a welfare benefit for low income veterans who served in wartime.</td>
</tr>
<tr>
<td><strong>Private Disability Insurance – Short Term Disability; Long Term Disability</strong></td>
<td>Payment for disabled workers through private disability insurance. Disability is defined by the insurance contract, and will be somewhat different from the Social Security definition. The amount of the monthly payment is usually significantly higher than that offered by Social Security Disability. A disabled worker may be able to qualify for both Social Security Disability and private disability insurance, but many private insurance policies provide for a reduction in benefits if the recipient has income from other sources, including Social Security. This insurance coverage is often provided by employers as part of the employee benefit package. Self-employed workers can purchase their own disability insurance. When offered as an employee benefit, the federal ERISA statute governs. Disabled workers initially make a claim through their employer. The claim is determined by the insurance company. Denials are challenged in Federal Court.</td>
</tr>
<tr>
<td><strong>FOOD PROGRAMS</strong></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Food Stamps:</strong></td>
<td>Now known as “Supplemental Nutrition Assistance Program” (“SNAP”). This is a monthly allotment for purchase of food. It’s a federal program, administered through county Departments of Social Services. The amount of the allotment is based on family size and income. The benefits are no longer in the form of “stamps,” but are distributed through ATM cards. Applications at the local county Department of Social Services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HEALTH</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare:</strong></td>
</tr>
<tr>
<td><strong>Medicare Prescription Drug Benefit (“Part D”)</strong></td>
</tr>
<tr>
<td><strong>Medicaid:</strong></td>
</tr>
</tbody>
</table>
applying for SSI is automatically considered for Medicaid. In North Carolina and many other states, people who receive SSI automatically receive Medicaid. Persons who receive both Social Security Disability and SSI are “dually eligible” for Medicare and Medicaid. They are required to get their prescription drugs through Medicare Part D.

Disabled adults who do not receive SSI may qualify for Medicaid as “categorically needy” if they meet the Social Security standards for disability and have income less than the federal poverty level ($973/month in 2014) and resources (assets) less than $2000. Disabled adults with incomes over this amount may qualify for Medicaid with a deductible, also called a “spend down,” under the Medically Needy Medicaid program. The deductible is usually so high that only people with extremely high expenses will receive much benefit from the program. People in this income group may also qualify for a special Medicaid program that covers Medicare Premiums (Medicaid “Buy-In” or Medicaid QMB).

**Health Choice:**
A health insurance program for uninsured children who are ineligible for Medicaid under the age of 19 whose countable income falls under a specified percentage of the Federal Poverty Limit. At the national level, this program is known as Children’s Health Insurance Program (CHIP). Funding is state and federal. Applications taken at the county Department of Social Services. There is frequently a waiting list.

**Patient Assistance Programs**
Low income persons who have no private or government health insurance often get their medications through pharmaceutical company patient assistance programs. These programs require extensive paperwork that is generally handled by clinic social workers. Many patient assistance programs have withdrawn assistance to people who are now eligible for Medicare Part D, even though the costs of Part D may be prohibitive for many low income people.

**Veteran’s Administration:**
Health care is available to veterans at facilities of the Veteran's Administration. Some co-payments apply to higher income veterans. Prescriptions drugs are available with a low co-payment. Veterans access services by
making an appointment at any Veteran’s Administration health care facility.

| **Employer Provided Group Health Insurance** | Many of our employed clients have group health insurance through their employers. Employee health insurance is usually offered through a policy purchased by the employer from a private insurance company, though some companies “self insure.” Employees typically pay a portion of the premiums through a payroll deduction. Most plans have co-payments and coverage varies from plan to plan. Effective January 2014, the Affordable Care Act prohibits exclusions for pre-existing conditions. Employer provided health insurance plans are governed by the federal ERISA statute. |
| **COBRA** | This federal statute provides that employees who leave their job can maintain their group health insurance at their own expense. The employer must send the employee a notice of COBRA rights, and the employee has a limited period in which to sign up for COBRA coverage. Coverage is extended for up to 18 months (up to 29 months if the employee is determined to be disabled under Social Security rules). COBRA coverage is often prohibitively expensive. Effective January 2014, the Affordable Care Act provides for insurance exchanges (also known as “marketplaces”) in each state where people who don’t have public or job-based insurance can access health insurance, with subsidies for low income. |
| **HIPAA** | The federal Health Insurance Portability and Accountability Act. This statute sets standards for privacy of medical information. |
| **Affordable Care Act, aka “Obamacare”** | Federal health reform legislation will have a major effect on our clients. Most notably, as of 2014, citizens and legal residents who lack public or job-based health insurance can purchase coverage through a state “exchange” or “marketplace.” Subsidies for people with incomes between 100% and 400% of the federal poverty level (about $12,000 to $46,000 for a single person). The ACA has ended lifetime caps in health insurance policies, and all pre-existing condition limitations in insurance. |
The risk of getting HIV varies widely, depending on the type of exposure. Transmission happens most often during sexual or drug-using activity, and the chance of getting HIV varies for each act. The table lists the risk of transmission for various exposures.

Different factors can increase or decrease transmission risk. For example, taking antiretroviral therapy (i.e., medicines for HIV infection) can reduce the risk of an HIV-infected person transmitting the infection to another by as much as 96% [1]. Consistent use of condoms reduces the risk of getting or transmitting HIV by about 80% [2]. Conversely, having a sexually transmitted infection or a high level of HIV virus in the blood (which happens in early and late-stage infection) may increase transmission risk.

The Centers for Disease Control and Prevention (CDC) is reviewing the most recent science and constructing mathematical models to update transmission risk.

References

Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Acta

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Risk per 10,000 Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenteral</td>
<td></td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>9,000b</td>
</tr>
<tr>
<td>Needle-sharing during injection drug use</td>
<td>67c</td>
</tr>
<tr>
<td>Percutaneous (needle-stick)</td>
<td>30d</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
</tr>
<tr>
<td>Receptive anal intercourse</td>
<td>50e, f</td>
</tr>
<tr>
<td>Receptive penile-vaginal intercourse</td>
<td>10e, f, g</td>
</tr>
<tr>
<td>Insertive anal intercourse</td>
<td>6.5e, f</td>
</tr>
<tr>
<td>Insertive penile-vaginal intercourse</td>
<td>5e, f</td>
</tr>
<tr>
<td>Receptive oral intercourse</td>
<td>lowe, i</td>
</tr>
<tr>
<td>Insertive oral intercourse</td>
<td>lowe, i</td>
</tr>
<tr>
<td>Otherh</td>
<td></td>
</tr>
<tr>
<td>Biting</td>
<td>negligiblej</td>
</tr>
<tr>
<td>Spitting</td>
<td>negligible</td>
</tr>
<tr>
<td>Throwing body fluids (including semen or saliva)</td>
<td>negligible</td>
</tr>
<tr>
<td>Sharing sex toys</td>
<td>negligible</td>
</tr>
</tbody>
</table>

a Factors that increase the risk of HIV transmission include sexually transmitted infections, early and late-stage HIV infection, and a high level of HIV in the blood. Factors that reduce the risk of HIV transmission include condom use, male circumcision, and use of antiretrovirals.
h HIV transmission through these exposure routes is technically possible but extremely unlikely and not well documented.
How is HIV passed from one person to another?

In the United States, HIV is spread mainly by having sex or sharing injection drug equipment such as needles with someone who has HIV.

Only certain fluids—blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk—from an HIV-infected person can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to possibly occur. Mucous membranes can be found inside the rectum, the vagina, the opening of the penis, and the mouth.

In the United States, HIV is spread mainly by:

- Having sex with someone who has HIV. In general:
  - Anal sex is the highest-risk sexual behavior. Receptive anal sex (bottoming) is riskier than insertive anal sex (topping).
  - Vaginal sex is the second highest-risk sexual behavior.
  - Having multiple sex partners or having other sexually transmitted infections can increase the risk of infection through sex.
- Sharing needles, syringes, rinse water, or other equipment (works) used to prepare injection drugs with someone who has HIV.

Less commonly, HIV may be spread by:

- Being born to an infected mother. HIV can be passed from mother to child during pregnancy, birth, or breastfeeding.
- Being stuck with an HIV-contaminated needle or other sharp object. This is a risk mainly for health care workers.
- Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This risk is extremely small because of rigorous testing of the US blood supply and donated organs and tissues.
- Eating food that has been pre-chewed by an HIV-infected person. The contamination occurs when infected blood from a caregiver’s mouth mixes with food while chewing, and is very rare.
- Being bitten by a person with HIV. Each of the very small number of documented cases has involved severe trauma with extensive tissue damage and the presence of blood. There is no risk of transmission if the skin is not broken.
- Oral sex—using the mouth to stimulate the penis, vagina, or anus (fellatio, cunnilingus, and rimming). Giving fellatio (mouth to penis oral sex) and having the person ejaculate (cum) in your mouth is riskier than other types of oral sex.
- Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids. These reports have also been extremely rare.
• Deep, open-mouth kissing if the person with HIV has sores or bleeding gums and blood is exchanged. HIV is not spread through saliva. Transmission through kissing alone is extremely rare.

**How well does HIV survive outside the body?**

HIV does not survive long outside the human body (such as on surfaces), and it cannot reproduce. It is not spread by

• Air or water.
• Insects, including mosquitoes or ticks.
• Saliva, tears, or sweat. There is no documented case of HIV being transmitted by spitting.
• Casual contact like shaking hands or sharing dishes.
• Closed-mouth or “social” kissing
• Toilet seats.

**Can I get HIV from anal sex?**

Yes. In fact, having anal sex is the riskiest type of sex for getting or spreading HIV.

HIV can be found in the blood, semen (cum), preseminal fluid (pre-cum), or rectal fluid of a person infected with the virus. The bottom is at greater risk of getting HIV because the lining of the rectum is thin and may allow HIV to enter the body during anal sex, but the top is also at risk because HIV can enter through the opening of the penis or through small cuts, abrasions, or open sores on the penis.

**Can I get HIV from vaginal sex?**

Yes. In general vaginal sex is not as risky anal sex, but is still a high-risk behavior for HIV infection.

Yes. In general, vaginal sex is not as risky anal sex but is still a high-risk behavior for HIV infection. It is possible for either partner to become infected this way. This risk depends on many factors, including whether the partners are using condoms, whether the partner with HIV is using antiretroviral therapy (ART) consistently and correctly and whether the partner who is HIV-negative is using pre-exposure prophylaxis (PrEP) consistently and correctly. Condoms and HIV medicines can greatly lower the risk of transmitting HIV.

In women, HIV can be directly absorbed through the mucous membranes that line the vagina and cervix. The lining of the vagina can also sometimes tear and possibly allow HIV to enter the body.

In men, HIV can enter the body through the urethra (the opening at the tip of the penis) or through small cuts or open sores on the penis. Men who are not circumcised are at greater risk of HIV infection through vaginal sex than are circumcised men.

Risk for HIV infection increases if you or a partner also has a sexually transmitted disease (STD). See also Is there a connection between HIV and other sexually transmitted infections?
Many barrier methods that women use to prevent pregnancy (e.g., diaphragm, cervical cap) do not protect them against HIV or other STDs because they still allow infected semen (cum) to come in contact with the lining of the vagina.

Oral or hormonal contraceptives (e.g., birth control pills) do not protect women against HIV or other STDs.

**Can I get HIV from oral sex?**

**Yes, but most types of oral sex carry little to no risk of HIV.**

Oral sex involves giving or receiving oral stimulation to the penis (fellatio), the vagina (cunnilingus), or the anus (anilingus or rimming). Most types of oral sex carry little to no risk of HIV. The highest oral sex risk is performing oral sex (fellatio) with ejaculation in your mouth. However, the risk is still low, and much lower than anal or vaginal sex. Factors that may increase the risk of transmitting HIV through oral sex are oral ulcers, bleeding gums, genital sores, and the presence of other sexually transmitted diseases (STDs) (which may or may not be visible).

The risk is lower if the partners are using condoms or dental dams, if the partner with HIV is taking antiretroviral therapy (ART) consistently and correctly, and if the partner who is HIV-negative is taking **pre-exposure prophylaxis** (PrEP) consistently and correctly. Condoms and HIV medicines can greatly lower the risk of transmitting HIV.

**Is there a connection between HIV and other sexually transmitted infections?**

**Yes. Having a sexually transmitted disease (STD) can increase the risk of getting or spreading HIV.**

If you are HIV-negative but have an STD, you are at least 2 to 5 times as likely to get HIV if you have unprotected sex with someone who has HIV. There are two ways that having an STD can increase the likelihood of getting HIV. If the STD causes irritation of the skin (e.g., from syphilis, herpes, or human papillomavirus), breaks or sores may make it easier for HIV to enter the body during sexual contact. Even STDs that cause no breaks or open sores (e.g., chlamydia, gonorrhea, trichomoniasis) can increase your risk by causing inflammation that increases the number of cells that can serve as targets for HIV.

If you are HIV-positive and also infected with another STD, you are 3 to 5 times as likely as other HIV-infected people to spread HIV through sexual contact. This appears to happen because there is an increased concentration of HIV in the semen and genital fluids of HIV-positive people who also are infected with another STD.

CDC recommends sexually active gay and bisexual men test for:

- HIV.
- Syphilis.
- Hepatitis B and C.
- Chlamydia and gonorrhea of the rectum if you’ve had receptive anal sex, or been a “bottom” in the past year.
- Chlamydia and gonorrhea of the penis (urethra) if you have had insertive anal or oral sex in the past year.
- Gonorrhea of the throat if you’ve performed oral sex (i.e., your mouth on your partner’s penis, vagina, or anus) in the past year.

Sometimes your health care provider may suggest a herpes test.

**Can I get HIV from someone who is living with HIV but has undetectable viral load?**

Yes. Even though having an undetectable viral load greatly lowers the chance that a person with HIV can transmit the virus to a partner, there is still some risk.

Viral load refers to the amount of HIV in the blood. An undetectable viral load is when the amount of HIV in the blood is so low that it can’t be measured. Antiretroviral therapy (ART) reduces viral load, ideally to an undetectable level, when taken consistently and correctly. A person with HIV can still potentially transmit HIV to a partner even if they have an undetectable viral load, because

- HIV may still be found in genital fluids (e.g., semen, vaginal fluids). The viral load test only measures virus in blood.
- A person’s viral load may go up between tests. When this happens, they may be more likely to transmit HIV to partners.
- Sexually transmitted diseases (STDs) increase viral load in genital fluids.

**Can I get HIV from injecting drugs?**

Yes. If you share injection drug equipment with someone who has HIV, your risk is high.

Risk also depends on whether the person who has HIV is using antiretroviral therapy (ART) consistently and correctly, and whether the person who is HIV-negative is using preexposure prophylaxis (PrEP) consistently and correctly.

Sharing drug equipment (or works) can also be a risk for spreading HIV. Infected blood can get into drug solutions by

- Using blood-contaminated syringes to prepare drugs.
- Reusing water.
- Reusing bottle caps, spoons, or other containers (cookers) to dissolve drugs in water and to heat drug solutions.
- Reusing small pieces of cotton or cigarette filters (cottons) to filter out particles that could block the needle.

“Street sellers” of syringes may repackage used syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should get syringes from reliable sources of sterile syringes, such as pharmacies or needle-exchange programs.
It is important to know that sharing a needle or syringe for any use, including skin popping and injecting steroids, hormones, or silicone, can put you at risk for HIV and other blood-borne infections.

For more information, see If I use drugs, how can I prevent getting HIV?

**Can I get HIV from using other kinds of drugs?**

Not directly, but being drunk or high affects your ability to make safe choices and lowers your inhibitions, which may lead you to take risks such as having sex without a condom.

Methamphetamine (meth) is a very addictive stimulant that can be snorted, smoked, or injected. Even though using meth is an HIV risk factor for anyone who does it, there is a strong link between meth use and HIV transmission for men who have sex with men (MSM). MSM who use meth may increase their sexual and drug-use risk factors. They may

- Use condoms less often.
- Have more sex partners and have sex over a longer period of time.
- Engage in unprotected anal sex—especially as the receptive partner.
- Inject meth instead of smoking or snorting it.

Drinking alcohol, particularly binge drinking, and using “club drugs” like Ecstasy, ketamine, GHB, and poppers can alter your judgment and impair your decisions about sex or other drug use. You may be more likely to have unplanned and unprotected sex or use other drugs, including injection drugs or meth. Those behaviors can increase your risk of exposure to HIV. If you have HIV, this can also increase your risk of spreading HIV to others. Treatment programs can help people stop using drugs or alcohol.

**If I already have HIV, can I get another kind of HIV?**

Yes. This is called HIV superinfection. The new strain of HIV can replace the original strain or remain along with the original strain. The effects of superinfection differ from person to person. For some people, superinfection may cause them to get sicker faster because they become infected with a new strain of the virus that is resistant to the medicines they are currently taking to treat their original HIV infection. Research suggests that the kind of superinfection where a person becomes infected with a new strain of HIV that is hard to treat is rare, less than 4%.

**Are health care workers at risk of getting HIV on the job?**

The risk of health care workers being exposed to HIV on the job (occupational exposure) is very low, especially if they use protective practices and personal protective equipment to prevent HIV and other blood-borne infections. For health care workers on the job, the main risk of HIV transmission is through accidental injuries from needles and other sharp instruments that may be contaminated with the virus; however, even this risk is small. Scientists estimate that the risk of HIV infection from being stuck with a needle used on an HIV-infected person is less than 1%.
Can I get HIV from receiving medical care?

Although HIV transmission is possible in health care settings, it is extremely rare.

Careful practice of infection control, including universal precautions (i.e., using protective practices and personal protective equipment to prevent HIV and other blood-borne infections) protects patients as well as health care providers from possible HIV transmission in medical and dental offices and hospitals.

The risk of getting HIV from receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV is extremely small because of rigorous testing of the US blood supply and donated organs and tissues.

It is important to know that you cannot get HIV from donating blood. Blood collection procedures are highly regulated and safe.

Can I get HIV from casual contact (“social kissing,” shaking hands, hugging, using a toilet, drinking from the same glass, or the sneezing and coughing of an infected person)?

No. HIV is not spread by day-to-day contact in the workplace, schools, or social settings. HIV is not spread through shaking hands, hugging, or a casual kiss. You cannot become infected from a toilet seat, a drinking fountain, a door knob, dishes, drinking glasses, food, cigarettes, pets, or insects.

HIV is not spread through the air, and it does not live long outside the body.

Can I get HIV from a tattoo or a body piercing?

Tattooing or body piercing present a potential risk of HIV transmission, but no cases of HIV transmission from these activities have been documented. Be sure that only new needles, ink, and other supplies are used and that the person doing the procedure is properly licensed.

Can I get HIV from being spit on or scratched by an HIV-infected person?

No. HIV cannot be spread through saliva, and there is no documented case of transmission from an HIV-infected person spitting on another person. There is no risk of transmission from scratching because there is no transfer of body fluids between people.

Can I get HIV from mosquitoes?

No. There is no evidence of HIV transmission from mosquitoes or any other insects—even in areas where there are many cases of HIV and large populations of mosquitoes. Unlike organisms that are transmitted by insect bites, HIV does not reproduce (and does not survive) in insects.
Can I get HIV from food?

Except for rare cases in which children consumed food that was pre-chewed by an HIV-infected caregiver, HIV has not been spread through food. The virus does not live long outside the body. You cannot get it from consuming food handled by an HIV-infected person; even if the food contained small amounts of HIV-infected blood or semen, exposure to the air, heat from cooking, and stomach acid would destroy the virus.

Are lesbians or other women who have sex with women at risk for HIV?

Case reports of female-to-female transmission of HIV are rare. The well-documented risk of female-to-male transmission shows that vaginal fluids and menstrual blood may contain the virus and that exposure to these fluids through mucous membranes (in the vagina or mouth) could, potentially, lead to HIV infection.

Is the risk of HIV different for different people?

Although HIV risk factors and routes of transmission apply to everyone equally, some people are at higher risk because of where they live and who their sex partners are.

The percentage of people living with HIV (prevalence) is higher in major metropolitan areas, so people who live there are more likely to encounter an HIV-positive person among their possible sex partners. In the same way, because the prevalence of HIV is higher among gay and bisexual men and among black and Latino men and women, members of these groups are more likely to encounter partners who are living with HIV.
HIV TESTING

Can I Get An Anonymous HIV Test?
No. North Carolina does not allow anonymous HIV testing. All testing is confidential, but name-based. All positive HIV test results must be reported to the state.

Does My Doctor Have To Report My HIV Infection?
Yes. If a doctor or medical facility has a positive test result or has reason to suspect that a patient is infected with HIV, the patient’s name and address must be reported to the local health director. After any positive HIV test result, a trained specialist from the Health Department may contact you to provide counseling.

What Happens When I Have A Positive Test Result?
First, your doctor is required to tell you about specific measures -- called “control measures” -- that you should take to reduce the risk of spreading HIV. If your doctor ever has reason to believe that you are not following these control measures and pose a significant risk of transmission, the doctor must notify the local health director.

If you are married, your spouse must be notified of your positive HIV test. If you consent, your doctor can do this. Otherwise, if your doctor knows who your spouse is, he or she must report your spouse’s name to the state. Your spouse will then be contacted and counseled by a trained specialist.

May I Be Tested For HIV Without My Consent?
As a general rule under North Carolina law you must give informed consent before you can be tested for HIV. Testing can be offered as part of routine lab tests using a general consent, as long as you are notified that you are being tested for HIV and given the opportunity to refuse. North Carolina no longer requires pre-test counseling.

There are a few situations where you can be tested without your consent: (1) Donated blood or semen is required to be tested; (2) Testing can be done for research or epidemiological purposes as long as your identifying information is removed; (3) The Commission for Health Services can require testing without consent when necessary to protect the public health; (4) Children under 18 may be tested without a parent’s consent in some instances; (5) Newborn babies may be tested without parent consent if there is no record of an HIV test for the mother; (6) A pregnant woman in labor may be tested without consent if she has no record of an HIV test. (7) A victim of a sexual offense may ask for a court to have the alleged perpetrator tested. (8) If you are unable
to provide consent, and there is no one who can provide it on your behalf, a doctor may order an HIV test if it is necessary to diagnose or care for you appropriately.

Testing Of Pregnant Women And Newborns
Every pregnant woman must be offered HIV testing at her first prenatal visit and in her third trimester. At these times, pregnant women will be tested for HIV unless they refuse. However, if a pregnant woman has no record of an HIV test at the time of labor and delivery, she will be tested with or without consent unless the doctor determines that the test would endanger the woman. If an infant is delivered to a woman with no record of the result of an HIV test, the infant shall be tested for HIV, with or without parent consent.

RESPONSIBILITIES FOR PEOPLE WITH HIV

What Are My Responsibilities As A Person With HIV?
The law requires you to take certain precautions to stop the spread of HIV. The required “control measures” are:

- You must not have sexual intercourse without a condom;
- You must not share needles or other drug-related equipment;
- You must not donate or sell blood products, semen, organs, or breast milk;
- You must tell all future sexual intercourse partners that you have HIV;
- If you know when you became infected, you must tell any sex or needle partners since that time about your infection. Otherwise, you must notify partners from the previous year.

If you violate any of these control measures you can be placed under an “isolation order” which sets up an individual plan to reduce the risk of transmission. You can also be criminally prosecuted, with jail time of up to 2 years.

INFORMATION ABOUT MY HIV STATUS

Is HIV Status Confidential?
Yes. North Carolina law says information and records about HIV infection is confidential. It is a misdemeanor to disclose this protected information, but the law has never been enforced. There are a few exceptions to the law. First, information about your HIV status can be disclosed with your consent. Also, your doctor has to report your HIV infection to the state. The state can inform your spouse. There are several situations when your HIV status can be disclosed for medical, research or public health reasons: (1) for medical or epidemiological purposes provided no identifying information is given; (2) to provide proper medical care; (3) when necessary to protect public health, if disclosure is made according to law; (4) by the Department of Health Services for bona
fide research purposes; (5) when required by a court order or subpoena; (6) when someone is exposed to your blood or body fluids.

The HIPAA law (Health Insurance Portability and Accountability Act) also requires health care providers and insurers to keep private health information confidential. But you need to protect your own privacy, especially in places like the emergency room. A doctor or nurse may assume, incorrectly, that if you bring someone with you to the exam room, the provider can talk about your HIV in front of them. Try to find a private moment to tell the provider whether it’s ok to discuss your HIV. Or think twice before bringing friends or family who don’t know about your HIV. If a health care provider or insurer does not properly protect your private health information, you can make a complaint to the Office of Civil Rights of the U.S. Department of Health and Human Services. The health care provider can be fined for violations of HIPAA.

**Should I Tell People I Have HIV?**
In spite of these privacy protections, if your confidentiality is breached, legal remedies are very limited. So it is best to be very careful about disclosing your HIV status. Your health care providers need to know about your HIV so they can properly care for you, and they are legally bound to keep your HIV status confidential. You are required to disclose your status to sexual or needle partners. Other than that, only in very limited circumstances are you required to disclose your HIV status to your employer, school, day care provider, or anyone else.

**Can Anyone Ask Me About My HIV Status?**

**Insurance:** You can legally be asked about your HIV if you apply for disability or life insurance. If you refuse to answer or answer untruthfully, you can be denied coverage. Health insurers can no longer ask about your HIV.

**On the job:** An employer can only ask about HIV or other medical matters after you have been given a conditional offer of employment, but only if this is done for all employees entering the particular job category. The Americans with Disabilities Act (ADA) requires employers to keep confidential any health information obtained through pre-employment medical examinations or insurance questions.

The one time you might need to tell your employer about your HIV is if you are asking for a “reasonable accommodation” under the ADA, or for medical leave under the Family and Medical Leave Act (FMLA).

Health care providers may ask you about your HIV status. It is best for your health if you let your provider know all important aspects of your medical history, including your HIV status. Except in very limited circumstances, a health care provider cannot refuse to serve you because of your HIV.

**INSURANCE**
Can A Health Insurer Screen For HIV?
Beginning in 2014, insurers can no longer turn down people with pre-existing conditions or charge them higher premiums.

DISCRIMINATION

Can I Be Discriminated Against Based On HIV?
Federal law prohibits discrimination against people with disabilities in employment, housing, public services, and public accommodations. HIV infection qualifies as a federal disability. Disability is defined as a physical or mental impairment that substantially limits a person in one or more major life activities.

What Are My Rights To Public Services And Accommodations?
The ADA prohibits discrimination against people with disabilities in public service and places of public accommodation. Public accommodations include hotels, restaurants, medical or dental offices, mental health agencies, substance abuse treatment centers, hospitals, public transportation, colleges, schools, day care centers, swimming pools, and exercise or recreational facilities, among others. The federal Fair Housing Act prohibits discrimination against people with disabilities in housing.

WORKING WITH HIV

The Americans with Disabilities Act (ADA) protects against discrimination by employers who have at least 15 employees. The law applies to a person who is a “qualified individual with a disability.” This means the employer can’t make employment decisions based on disability, as long as you can do the essential functions of your job and do not pose a direct threat to the health or safety of yourself, co-workers, or other persons in the workplace. Under the ADA, disabled employees can ask for a “reasonable accommodation” to help them continue to do their job. If you do ask for a reasonable accommodation, you will need to tell your employer about your medical condition.

Can I Be Refused A Job Because Of My HIV Status?
Generally, no. An employer covered by the ADA can’t even ask about your health status or have you take a medical exam until you have been given a conditional job offer. If you have a job offer, you cannot be refused the job because of your HIV unless the decision is job related and consistent with business necessity. In general, this is the case only if your HIV would make you unable to perform the job or pose a serious safety risk (called a “direct threat”). These concerns sometimes come up in the food service and health care fields, but in all but the most rare circumstances, there is little or no risk of transmission of HIV in these fields or elsewhere in the workplace, so there is usually no excuse for refusing you a job based on your HIV.
Can I Be Fired For Taking Too Many Sick Days Or Coming To Work Late?
Generally, yes. Attendance is considered an essential function of any job. However, if your illness is causing your attendance problems, you can ask your employer for a “reasonable accommodation” under the ADA. If you ask for an accommodation, you need to do so clearly and you will have to explain your illness to your employer. Your employer does not have to agree to your suggested accommodation, but must discuss it with you. If you work at a company with at least 50 employees, the Family and Medical Leave Act (FMLA) can provide you with up to 12 weeks of unpaid leave for medical needs. You do not have to take all 12 weeks at the same time. If you or your doctor think you need time off for illness, ask your employer about FMLA leave.

I Work In Health Care. Are There Any Special Concerns For Me?
Yes. The risk of getting HIV from a patient is much greater than the risk that you will spread HIV to patients in your care. To protect themselves and patients, all health care workers must use “universal” precautions with all patients, to prevent the spread of blood borne pathogens, such as HIV or hepatitis B. The Centers for Disease Control and Prevention recommends the use of examination, procedure or surgical gloves as a barrier to such diseases, as well as other sterilizing procedures. Health care workers should know their HIV status as well as the status of their patients. But you must keep your patients’ HIV status confidential.

Health care workers who know that they are HIV infected and who perform certain invasive procedures must take steps to avoid transmission to patients. If you do these kinds of procedures, you must notify in writing, the Chief, Communicable Disease Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902. If it is determined that there is a significant risk of transmission to patients, the state health director will appoint an expert panel to evaluate your practice and patient environment. If the expert panel recommends restrictions as necessary to prevent transmission, the state health director may restrict your practice.

HIV AND CHILDREN

I Have A Child With HIV. Do I Have To Tell The School Or Day Care Provider?
No. You do not have to tell your child’s school or day care provider about your child’s HIV infection. However, if your child has special medical needs, you may choose to disclose in order to make sure those needs are met. Your child cannot be discriminated against in school or day care because of HIV.

If your child’s doctor believes your child may pose a significant risk of transmission in a school or day care because of open, oozing wounds or because of behaviors such as biting, the doctor must notify the local health director. You will participate in a process with school officials and a medical expert to determine whether intervention is needed.
If necessary, adjustments can be made to your child’s school program or environment, or your child can be placed in an alternative educational setting. However, any adjustments to your child’s program must be based on scientifically sound evaluation of the risk of transmission of HIV, not on fear or ignorance. And all information shared during the assessment must be kept confidential. Only school staff with a need to know may be told of your child’s infection.

**I have minor children. How can I make sure they will be taken care of if something happens to me?**

You can plan ahead to make sure your children will be taken care of if you become too sick to care for them yourself. If the child’s other biological parent is available and involved, this is an easy option. Otherwise, you should consider having a “standby guardian” appointed, making custody arrangements, and establishing a trust for the children in the event of death.

**PLANNING**

**What Estate Planning And Other Arrangements Should I Make?**

It is important for all adults to prepare documents that will allow their loved ones to handle their affairs if they become unable to do so themselves. A Durable Power of Attorney will allow a trusted friend or family member to take care of finances and business if you are too sick to do so yourself. A Health Care Power of Attorney will ensure that someone who understands your health care goals and preferences will make medical decisions if you are unable to. A Living Will is a document you can use to make clear your wishes about end-of-life care. A standard Will may be important if you own your home or other real estate or if you are not legally married to your partner. See the This is the Law pamphlets “Protecting Your Assets: Wills, Trusts and Powers of Attorney” and “Living Wills and Health Care Powers of Attorney” for more information.

**GETTING HELP**

**Since I Have HIV, Can I Get Disability Benefits And Medicaid?**

Being HIV positive does not automatically qualify you for Social Security Disability, SSI or Medicaid. To qualify for these programs, you must be too sick to work on a regular basis. If you are too sick to work, you can apply for disability at the Social Security Administration. You can also apply for Medicaid at your county Department of Social Services. If you are turned down, and still think you’re disabled, be sure to appeal. You are allowed to have a lawyer help with your appeal.

**Who Can Help Me Coordinate Benefits And Care?**

AIDS services agencies in your local community can help you get the care and assistance you need. To connect with a local agency, call the AIDS Care Unit of the HIV/STD Prevention and Care Branch of the Division of Public Health at (919) 733-7301.
I Need Help With A Legal Problem Related To HIV. Where Can I Get Help?
People with HIV who can’t afford an attorney can contact the Duke Legal Assistance Project at (919) 613-7169 or toll free at 888-600-7274. This program handles cases that have some connection with HIV status. Legal Aid of North Carolina can also assist low income people with civil legal problems including public benefits, landlord-tenant, consumer, some family law cases, and other matters. Call 866-219-5262.